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CALSPAN AIR BAG DEPLOYMENT INVESTIGATION

CALSPAN CASE NO. CA96-17

VEHICLE - 1990 MAZDA MIATA MX5

LOCATION - STATE OF MARYLAND

CRASH DATE - [REDACTED] 1996

Contract No. DTNH22-94-D-07058

Prepared for:

**U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590**

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.



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15. Supplementary Notes On-site investigation of a driver side air bag deployment crash that resulted in head and neck injuries to the driver.			
16. Abstract <p>A single vehicle crash involving a 1990 Mazda Miata (Vehicle #1) equipped with a driver side front air bag occurred in the early evening hours in the month [REDACTED] 1996 in the State of Maryland. Driver #1, a 28 year old female who was 158.8 cm (62.5") tall and weighed 49.0 kg (108 lbs), experienced a loss of consciousness related to diabetic medication while traveling on a two lane, undivided, level, dry asphalt roadway. Vehicle #1 departed the right side of the roadway, traversed a 3.0 (9.9') wide paved shoulder, and traveled a short distance on the adjacent grass before striking a metal drainage conduit with the right front undercarriage.</p> <p>The contact sequence between the undercarriage and the drainage conduit displaced the right front axle 15.7 cm (6.2") rearward. As a consequence of this impact, the Supplemental Restraint System (SRS) initiated the air bag deployment sequence. The assigned CDC was 12-FZLW-3.</p> <p>The driver reportedly had the seat adjusted in the full forward position with the seat back reclined 8 degrees rearward from vertical. In this orientation, the seat back support measured 45.7 cm (18.0") rearward of the air bag module cover at a height of 43.2 cm (17.0") above the seat cushion. She was reportedly wearing the available three point lap and shoulder belt at the time of the crash. The driver's husband described a patterned abrasion over her left shoulder which was 5.1 cm (2.0") wide and 10.2 cm (4.0") in length that he attributed to the shoulder belt. The shoulder belt showed signs of abrasions which were attributed to contact with the expanding driver side air bag.</p> <p>The driver's head was rotated in an upward clockwise direction by the expanding driver air bag resulting in the following injuries: a closed traumatic brain injury; a C2 type II fracture of the odontoid; a small subdural hematoma of the left temporal; a left pneumothorax; a right pulmonary contusion; a superficial laceration over the upper lip; and abrasions of the left facial area. Her head was subsequently propelled rearward and contacted the seat back support which resulted in a pressure laceration of the posterior scalp.</p> <p>A rescue helicopter transported Driver #1 to a shock trauma unit. The driver was admitted for treatment and discharged 32 days later. She was subsequently transferred to a rehabilitation center and discharged 14 days later to her home.</p>			
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CALSPAN AIR BAG DEPLOYMENT INVESTIGATION

CALSPAN CASE NO. CA96-17

VEHICLE - 1990 MAZDA MIATA MX5

LOCATION - STATE OF MARYLAND

CRASH DATE - ██████████ 1996

Background

This investigation was initiated in response to a notification by the driver's husband who notified the National Highway Traffic Safety Administration (NHTSA) in ██████████, 1996 after finding air bag related information on the Internet. The Field Operations Branch then notified the Calspan Team and an investigation was initiated the same day.

SUMMARY

A single vehicle crash involving a 1990 Mazda Miata (Vehicle #1) equipped with a driver side front air bag occurred in the early evening hours in the month of ██████████ 1996 in the State of Maryland. Driver #1, a 28 year old female who was 158.8 cm (62.5") tall and weighed 49.0 kg (108 lbs), experienced a loss of consciousness related to diabetic medication while traveling on a two lane, undivided, level, dry asphalt roadway. Vehicle #1 departed the right side of the roadway, traversed a 3.0 (9.9') wide paved shoulder, and traveled a short distance on the adjacent grass before striking a metal drainage conduit with the right front undercarriage.

The contact sequence between the undercarriage and the drainage conduit displaced the right front axle 15.7 cm (6.2") rearward. As a consequence of this impact, the Supplemental Restraint System (SRS) initiated the air bag deployment sequence.

The driver reportedly had the seat adjusted in the full forward position with the seat back reclined 8 degrees rearward from vertical. In this orientation, the seat back support measured 45.7 cm (18.0") rearward of the air bag module cover at a height of 43.2 cm (17.0") above the seat cushion. She was reportedly wearing the available three point lap and shoulder belt at the time of the crash. The driver's husband described a patterned abrasion over her left shoulder which was 5.1 cm (2.0") wide and 10.2 cm (4.0") in length that he attributed to the shoulder belt. The shoulder belt showed signs of abrasions which were attributed to contact with the expanding driver side air bag.

The left side of the driver's face sustained a severe abrasion which was attributed to contact with the expanding air bag. The husband described a distinctive "L" shape pattern on the left side

of the driver's face. There were no body tissue transfers detected on the air bag fabric, however, a striated abraded pattern on the air bag surface was located near the top portion of the air bag which measured 16.5 cm (6.5") in length and 3.2 cm (1.3") in width. This pattern was attributed to contact with the driver's prescription sunglasses. The left lense was separated from the frames during the crash, however, the frames and the right lens were not found following the crash.

The driver's head was rotated in an upward clockwise direction by the expanding driver air bag resulting in the following injuries: a closed traumatic brain injury; a C2 type II fracture of the odontoid; a small subdural hematoma of the left temporal; a left pneumothorax; a right pulmonary contusion; a superficial laceration over the upper lip; and abrasions of the left facial area. Her head was subsequently propelled rearward and contacted the seat back support which resulted in a pressure laceration of the posterior scalp.

Vehicle #1 was reportedly weaving back and forth while traveling northbound on a four lane prior to making a right turn at a four leg intersection. The driver proceeded east on a two lane undivided roadway for a distance of 99 m (375') when it departed the right side of the roadway and struck the metal drainage conduit. The crash occurred in the early evening hours under dusk conditions. The roadway at the point of impact was straight and dry.

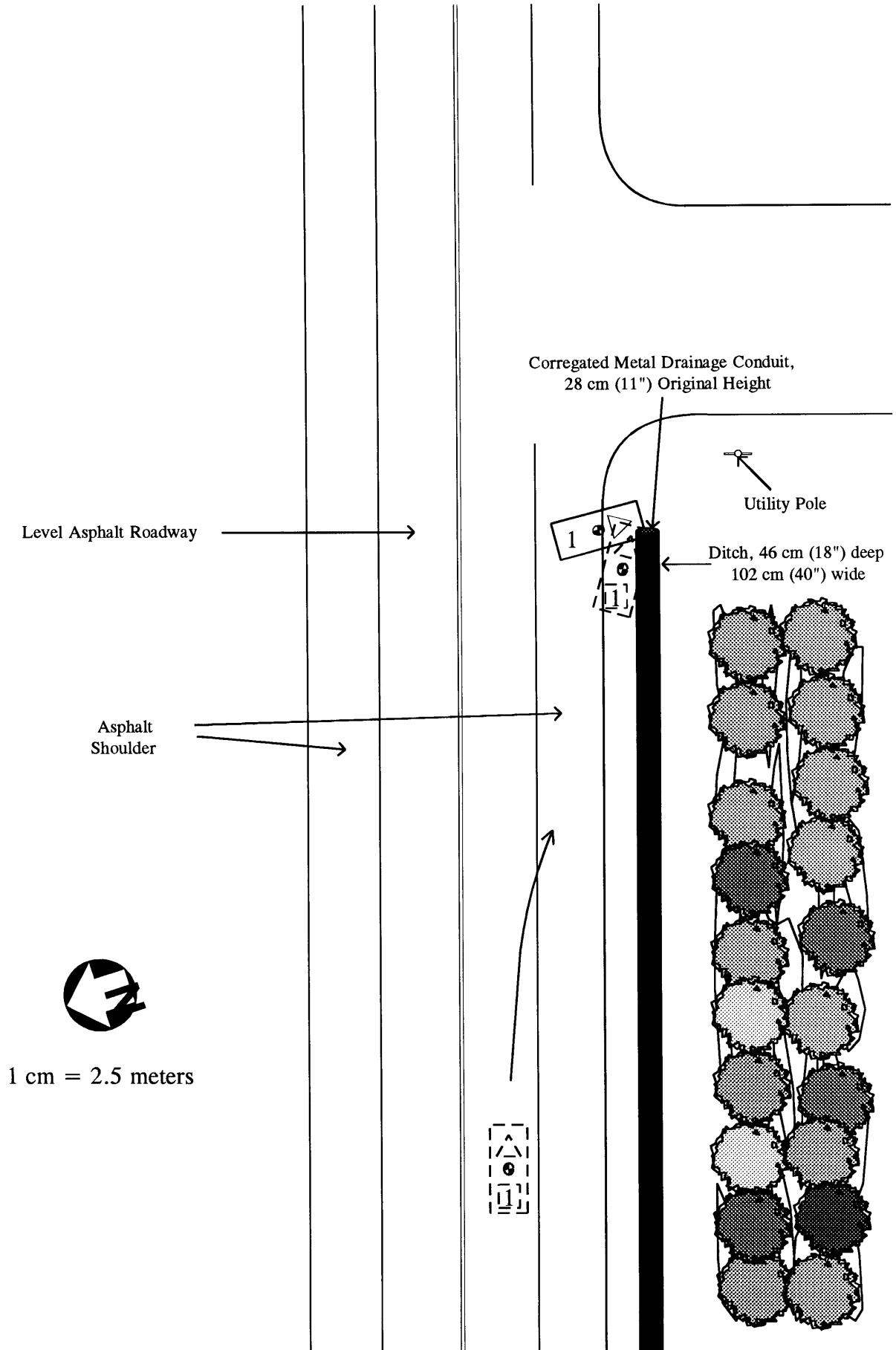
One of the witnesses traveling behind Vehicle #1 (who was a nurse) arrived at the vehicle within seconds of occurrence. She assisted the four year old male right front passenger who was restrained in a forward facing child safety seat. He was reportedly "choking" from smoke generated during the air bag deployment sequence. He reportedly suffered a bruise of the right shoulder which was attributed to loading on the safety seat restraint belt system.

The local rescue unit located within 0.4 km (0.25) mile from the crash scene was alerted and arrived within two minutes. A police officer transported the child to his residence where the husband of Driver #1 was notified of the crash. The husband arrived at the crash scene and witnessed the arrival of a rescue helicopter. The husband estimated the helicopter was at the scene for approximately 10 to 15 minutes before Driver #1 was transported to a trauma unit.

The driver was admitted for treatment and transferred 32 days later to a rehabilitation center. She remained at this facility for 14 days before being discharged to her home. The driver was ambulatory with no paralysis of her extremities (i.e., paraplegia, quadriplegia). The driver's left eye, however, experienced a lost of control where focusing on an object created multiple images. The medical strategy for eye treatment was to wait for natural healing to resolve the problem with follow-up surgery as an option.

Vehicle #1 sustained moderate damage to the right side suspension system from the impact with the metal drainage conduit. The right wheel base was displaced rearward 15.7 cm (6.2"). The assigned CDC was 12-FZLW-3. The repair cost estimate which included the replacement cost of the driver side air bag was \$3,077.

CRASH SCENE SCHEMATIC
Calspan Case 96-17



CRASH DEMOGRAPHIC DATA

Location:	Two lane undivided local roadway near a three leg intersection
State:	State of Maryland
Area/Type:	Rural/Commercial
Accident Date/Time:	██████, 1996/Late afternoon
Investigating Police Agency:	State Police
Accident type:	Single vehicle run-off road and strikes an object (metal drainage conduit)
Air Bag Vehicle Driver Injury Severity:	AIS-4 (Severe)

AMBIENCE

Viewing Conditions:	Dusk
Weather:	Cloudy
Road Surface:	Dry

HIGHWAY

Type:	Local route
Number of Lanes:	2
Width:	7.0 m (22.9 ft)
Surface:	Asphalt
Median:	None
Edge:	Right shoulder - 2.4 m (8.0 ft) asphalt Left shoulder - 3.2 m (10.5 ft) asphalt
Vertical Alignment:	Level
Horizontal Alignment:	Straight
Estimated Coefficient of Friction:	0.72 μ
Traffic Density:	Light

TRAFFIC CONTROLS

Signals:	None
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Signs:	None
Markings:	Solid double yellow centerline, solid white road edge lines
Speed Limit:	48 km/h (30 mph)
VEHICLE DESCRIPTION	
Description:	1990 Mazda Miata MX5, 2 door convertible
V.I.N.:	JM1NA3511L0 (Serial # omitted)
Color:	Red
Odometer:	84,596 km (52,577 miles)
Engine:	4 cylinder, 1.6 liter
Transmission:	Manual 5-speed
Steering:	Standard rack and pinion steering
Brakes:	4-wheel disc vacuum boost assisted brakes
Padding:	Upper and mid instrument panel, soft edge steering wheel rim and air bag module cover, door panels, door arm rests, visor
Active Restraints:	3-point lap and shoulder belt systems, belt sensitive locking retractors with continuous loop belt webbing through the latch plate with belt force limiters
Passive Restraints:	Driver side air bag which deployed as a result of the impact with the metal drainage conduit
Defects:	None
Tow Status:	Towed due to damage

VEHICLE DAMAGE

Exterior:

The lower engine shield and the right front suspension of the 1990 Mazda Miata MX5 contacted the ground and the open end of a metal drainage conduit. Dirt and scrapes on the shield were located 20.3 cm (8.0") right of the vehicle centerline and extended 12.7 cm (5.5") to the right (refer to photographs #26 and #27 on pages A-13 and A-14). The right front tire rim was deformed (refer to photograph #30 on page A-15) and the right front axle displaced rearward 15.7 cm (6.2") (refer to photographs #37 - #39 on pages A-19 and A-20). Components damaged included: the right lower control arm; the right strut and shock absorber; and front cross member.

CDC: 12-FZLW-3

Repair Cost: \$3,077.00 which included replacement cost of the driver side air bag.

Interior:

Interior damage to the Mazda Miata was associated with air bag deployment and occupant contacts. The base of the steering column exhibited a 5.1 cm (2.0") blue fabric transfer which was consistent with fabric of the blue denim shorts worn by the driver. The transfer was located 30.5 cm (12.0") left of the vehicle midpoint on the left side of the base of the steering column (refer to photograph #71 on page A-36).

The steering column shear plate was displaced forward a distance of 1.0 cm (0.4") measured at the left and right shear capsules. The column displacement was attributed to the combination of forces generated by the forward movement of the driver against the deploying air bag. The steering wheel was not deformed, however, the 12 o'clock sector of the steering wheel rim exhibited abrasion marks which were consistent with contact by the air bag during the deployment cycle. The fixed steering column angle measured 16 degrees above the horizontal level.

The air bag module cover opened along the designed seam lines in the typical "H" pattern configuration. The upper air bag module flap had two lateral scuff mark patterns which were not attributed to occupant contact during the air bag deployment sequence. The first mark measured 0.6 cm (0.25") in height and was located 4.1 cm (1.625") vertically from the center tear line. It began at the left edge and extended laterally 12.7 cm (5.0") parallel to the center tear line. The second scuff mark was located 3.2 cm (0.625") above the center tear line. It began 3.2 cm (1.25") from the right edge and extended 5.7 cm (2.25") to the left. The lower module flap exhibited a 10.2 cm (4.0") crescent-shaped smudge mark with the widest part measuring 2.5 cm (1.0").

The driver's seat was positioned in the full forward position on a seat track which had an adjustment range of 17.8 cm (7.0"). The vertical height of the seat back support was 73.7 cm (29.0") and measured 8 degrees rearward from vertical. The seat back support was 45.2 cm (18.0") rearward from the steering hub measured at a height of 43.2 cm (17.0") above the junction of the seat cushion. The longitudinal dimension of the seat cushion measured 53.3 cm (21.0"). The leading edge of the seat cushion was 22.9 cm (9.0") above the floor with a 25 degree anti-submarining seat profile.

The air bag was inflated by means of an air compressor to simulate the overall dimensions of the air bag with respect to the seat back support (refer to photographs #67 - #69 on pages A-34 and A-35). The horizontal distance from the center point of the air bag to the seat back support under this simulation measured 11.4 cm (4.5").

Manual Restraint System:

The 1990 Mazda Miata was equipped with 3-point lap and shoulder belt manual restraints in the driver side and passenger side bucket seats. The belt system consisted of a continuous loop lap and shoulder belt webbing with a sliding latch plate. The belt latch plate exhibited a score pattern which was consistent with routine restraint usage. Belt sensitive locking retractors for the torso belt

webbing were mounted in the top aspect of the lower B-pillars which measured 68.6 cm (27") above the floor pan. The torso belt had an abraded surface on the outboard top surface of the belt which was attributed to contact with the deploying air bag..

The outboard anchorage point of the lap belt had a warning label stitched into the belt which concealed an orange tag as part of the belt force limiter design. The warning label read as follows:

WARNING: A LOOP OF WEBBING IS UNDER THIS SLEEVE. IF ANY PART OF THE LOOP HAS BEEN PULLED OUT AND ANY PART OF "REPLACE BELT" IS VISIBLE THE BELT MUST BE REPLACED TO RESTORE OPTIMUM RESTRAINT SYSTEM EFFECTIVENESS. FAILURE TO REPLACE THE BELT UNDER THE ABOVE CIRCUMSTANCES COULD RESULT IN SEVERE PERSONAL INJURIES IN THE EVENT OF A VEHICLE COLLISION.

The orange tag which read, "REPLACE BELT" was not exposed which indicated that the load on the restraint during the crash was not sufficient to separate the belt loop stitching.

SUPPLEMENTAL RESTRAINT SYSTEM (SRS)

The 1990 Mazda Miata was equipped with a Supplemental Restraint System (SRS) that deployed as the result of impact with the metal drainage conduit. The system was designed with a driver side air bag and three crash sensors. One crash sensor was located on the leading edge of the upper radiator support bracket 8.9 cm (3.5") left of center (refer to photograph #43 on page A-22). The remaining two crash sensors were mounted on the outboard surface of the left and right frame rails (refer to photograph #44 on page A-22). None of the crash sensors were damaged in the crash.

The driver side air bag module cover opened in the typical "H" configuration during the deployment sequence along the designated tear seam lines. The vertical height of the upper module flap measured 7.0 cm (2.75") and the lateral width measured 17.8 cm (7.0"). The lower module flap vertical height was 7.6 cm (3.0") and the lateral width was 17.8 cm (7.0").

The upper air bag module flap had two lateral scuff mark patterns that were not attributed to occupant contact during the air bag deployment sequence (refer to photograph #55 on page A-28). The first mark measured 0.6 cm (0.25") in height and was located 4.1 cm (1.625") vertically from the center tear line. It began at the left edge and extended laterally 12.7 cm (5.0") parallel to the center tear line. The second scuff mark was located 3.2 cm (0.625") above the center tear line. It began 3.2 cm (1.25") from the right edge and extended 5.7 cm (2.25") to the left. The lower module flap exhibited a 10.2 cm (4.0") crescent-shaped smudge mark with the widest part measuring 2.5 cm (1.0").

The air bag was tethered with four tethers sewn to the face of the bag with three rows of circular red stitching which measured 17.8 cm (7.0") in diameter. Two 3.8 cm (1.5") diameter exhaust vent ports were located on the back side of the bag at 9 and 3 o'clock with their centers located 16.5 cm (6.5") in-board from the perimeter of the air bag. The circumferential edge of the

bag was stitched with a finished seam. The diameter of the bag measured 68.6 cm (27.0") and was stamped with the following identification codes:



Several subtle transfers were evident on the face of the bag. A striated scrape mark 16.5 cm (6.5") long and 3.2 cm (1.25") wide was located near the top portion of the air bag. This pattern was attributed to contact with the driver's prescription sunglasses during the deployment sequence. The left lense was separated from the frames during the crash and was the only portion of the frames found following the crash.

A small tan or flesh color dot transfer was located 4.4 cm (1.75") left of the vertical centerline and 8.9 cm (3.5") down from the upper edge of the bag. This was not attributed to driver contact during the deployment sequence.

A 6.4 cm x 3.2 cm (2.5" x 1.5") area of black striations located in the top left quadrant of the bag was the result of contact with the underside of the upper air bag module flap during deployment.

The instrument panel side of the bag exhibited scattered tan transfer marks in an area 8.9 cm x 11.4 cm (3.5" x 4.5") which was located 30.5 cm (12.0") left of the upper midpoint of the bag. These transfer marks were not associated with contact with the driver during the air bag deployment sequence.

VEHICLE VELOCITY ESTIMATES:

The impact speed and velocity changes were outside the parameters of the SMASH algorithm. Witnesses indicated that the driver was traveling at a slow speed estimated at approximately 8 km/h (5 mph) when the vehicle increased to approximately 56-64 km/h (35-40 mph) and made a right turn at the intersection preceding the crash site.

COLLISION SEQUENCE

Pre-Crash:

The 28 year old driver of the 1990 Mazda Miata MX5 (a two seat vehicle) was returning home from a nearby store with her four year old son restrained in a forward facing child safety seat. Part of their travel route included traveling northbound on a four lane undivided roadway prior to turning right onto a two lane undivided roadway. Witnesses stated that she was traveling very slow, about 8.0 kph (5 mph), weaving from right to left, and crossing the center line on the four lane roadway prior to the right turn.

Driver #1 was diabetic and it was reported that she was also taking allergy related medication (Seldane) in combination with self administer insulin injections. It was reported that she may have suffered a reaction to this combination of drugs which caused her to loose consciousness while driving.

Driver #1 reportedly accelerated to about 64 kph (40 mph) and made a right turn heading eastbound on a two-lane undivided roadway. Vehicle #1 traveled 99 m (375') after the turn and departed the right side of the travel lane, traversed a 2.4 m (8.0') wide paved shoulder, and entered a shallow ditch [46 cm (18") deep] prior to impact with the metal drainage conduit.

Crash:

The Mazda Miata contacted the ground above the metal drainage conduit with the leading edge of the lower engine shield which continued along the bottom surface of the shield to the cross member. The right front tire contacted the top leading edge of the metal conduit and was compressed against the wheel as noted by the deformation to the inner perimeter of the rim. The right front wheel was then displaced rearward 15.7 cm (6.2") as the vehicle continued to travel forward. The vehicle rotated in a clockwise direction and came to the final rest position adjacent to the drainage conduit.

The impact with the metal drainage conduit initiated the SRS the deployment sequence. The driver's head was facing slightly toward the right side of the vehicle at the time of the air bag deployment cycle as evidenced by the abrasions reported on the left side of her face. The driver's head was rotated in an upward clockwise motion clockwise by the expanding air bag which resulted in a closed traumatic brain injury; a C2 type II fracture of the odontoid; a small subdural hematoma of the left temporal; a left pneumothorax; a right pulmonary contusion; a superficial laceration over the upper lip; and abrasions of the left facial area. She was propelled rearward where the posterior area of her head subsequently contacted the seat back support which resulted in a pressure laceration of the scalp.

The 4 year old child passenger was restrained in a forward facing child safety seat which was secured to the right front seat with the lap portion of the manual lap and shoulder restraint belt. He moved forward against the safety seat restraint belt which resulted in a contusion of the right shoulder.

Post Crash:

Final Rest - The vehicle came to final rest position (FRP) facing in a southbound direction at an estimated heading angle of 85 degrees relative to the roadway edge line. The right front wheel of the vehicle remained in contact with the metal drainage conduit.

Driver Activities - The driver of Vehicle #1 was removed from the vehicle by rescue using a half backboard. She was then transfer to a full backboard and transported via helicopter to a trauma unit where she arrived with a Glasgow Coma Scale of 7. The right front passenger was

removed from the vehicle by passer-bys and later transported to his home by the police department.

Police Activities - The local police department responded within minutes of the crash. A police officer transported the right front passenger to the child's residence where he was met by the driver's husband. The husband arrive at the scene where he observed the arrival of the rescue helicopter.

Rescue Activities - The local rescue unit was located within 0.4 km (0.25 mile) of the crash scene and arrived within minutes. The driver was removed from the vehicle using a half backboard and subsequently transferred to a full backboard. A rescue helicopter responded within four minutes of the crash and after 10 to 15 minutes at the scene, transported the driver to a nearby trauma center. She was air lifted via helicopter to a trauma facility where she was admitted for treatment. One of the witnesses to the crash (a nurse) arrived at the vehicle within seconds of occurrence. She assisted the four year old male passenger by removing him from the vehicle.

Scene Clearance - Vehicle #1 was towed from the scene to a relative's residence where it was stored in a garage.

HUMAN FACTORS/OCCUPANT DATA

	Driver	Right Front Passenger
Age/Sex:	28 year old female	4 year old male
Height:	158.8 cm (62.5")	108.0 cm (42.5")
Weight:	49.0 kg (108.0 lbs)	19.1 kg (42.0 lbs)
Manual Restraint System Usage:	Wearing the 3-point lap and torso belt system	Century forward-facing child safety seat
Usage Source:	Vehicle inspection, police accident report, medical report	Police accident report
Eyewear:	Prescription sun glasses	None
Jewelry:	Earrings, watch on left hand, wedding band and diamond engagement ring on left hand, 4th digit pinky ring on left hand, anniversary ring on right hand, 4th digit, bracelet on left arm, bracelet on right arm	None
Clothing:	Blue denim shorts	

	Driver	Right Front Passenger
Vehicle Familiarity:	Very familiar, driver's personal car. This was the driver's first new vehicle and first vehicle equipped with a manual transmission.	
Route Familiarity:	Very familiar, within one mile of home	
Trip Plan:	Returning home from shopping	
Type of Medical Treatment:	Local rescue unit, transported by rescue helicopter to trauma center. Required surgery to fuse spine. Required surgery to repair collapsed airway. Transferred to rehabilitation center.	None required

INJURY DATA

The driver was admitted to the trauma center with a Glasgow Coma Scale of 7. She sustained head, neck, and chest injuries as the result of contact with the expanding driver side air bag. This included severe traumatic brain injury, a Type II odontoid fracture, a small left subdural hematoma, a left pneumothorax which required the placement of a chest tube placement. She underwent surgery ten days after admission to fuse C-2 and C-1.

Two days after surgery her respirator tube was removed and her airway collapsed. An emergency cricothyroidotomy procedure was performed to restore breathing which was converted to a fenestrated tracheostomy tube four days later. Four days later she underwent surgery for conversion of the cricothyroidotomy to a formal tracheostomy. Three days after that her tracheostomy was revised to insert a P-tube stent into her trachea. After another three days her tracheostomy was converted to a metal tracheostomy.

Thirty-two days after the crash, she was transferred to a rehabilitation facility. Two weeks later she returned to her home with the tracheostomy still in place. The tracheostomy remained in place for another twenty days before being removed.

INJURIES Driver #1	AIS-90 INJURY SEVERITY	INJURY SOURCE
1. Closed traumatic brain injury, third left nerve palsy, decreased strength in left upper extremity and left lower extremity, GCS=7	160604.30	Driver side air bag
2. C2 Type II fracture of the odontoid	650228.30	Driver side air bag

INJURIES Driver #1	AIS-90 INJURY SEVERITY	INJURY SOURCE
3. Small subdural hematoma of the left temporal	140652.42	Driver side air bag
4. Left pneumothorax	442202.32	Driver side air bag
5. Right pulmonary contusion	441406.31	Driver side air bag
6. Superficial laceration over the upper lip	290602.18	Driver side air bag
7. 3 x 3 cm partial thickness pressure wound of the posterior scalp	190602.16	Seat back support
8. Driver reported abrasions of the left facial area	290202.12	Driver side air bag
9. Driver reported contusion of the left shoulder	790402.12	Torso restraint belt

INJURIES Right Front Passenger	AIS-90 INJURY SEVERITY	INJURY SOURCE
1. Contusion of right shoulder	790402.11	Child safety seat restraint belt

DRIVER KINEMATICS

The 158.8 cm (62.5") female driver of the 1990 Mazda Miata was driving with the seat adjusted full forward with the seat back support 45.7 cm (18.0") rearward of the air bag module cover at a height of 43.2 cm (17.0") above the seat cushion. The fixed steering column angle measured 16 degrees from horizontal. She was wearing the manual lap and shoulder belt restraint as evidenced by a belt patterned contusion over her left shoulder which was 5.1 cm (2.0") wide and 10.2 cm (4.0") in length.

She apparently loss consciousness and departed the right side of the roadway striking a metal drainage conduit with the right front tire. As the vehicle traversed the adjacent grass shoulder and shallow ditch, it pitched downward and canted to the right. The driver's head probably rotated slightly to the right in response to this change in terrain. When the right front undercarriage contacted the ground above the metal drainage conduit, the vehicle decelerated which resulted in the driver moving forward against the manual three point lap and shoulder restraint belt. This placed her head in close proximity to the air bag module cover at the time of the SRS actuation.

During the SRS deployment sequence, the left side of the driver's face was positioned within the inflation path of the air bag. The air bag contacted the left side of her face as noted by the facial

abrasion. The expansion of the air bag rotated the driver's head in an upward clockwise direction which resulted in a small left subdural hematoma and fracture of the C2 with complete separation of the odontoid bone. Her head was propelled rearward against the seat back support which resulted in a pressure laceration of the posterior scalp. She came to the final rest position in the driver seat secured by the manual restraint belt.

During the vehicle rotation from the POI to the FRP, the driver's left upper leg moved laterally to the right and contacted the left side of the steering column. This contact was noted by a 5.1 cm (2.0") diameter blue fabric transfer mark which was consistent with the blue denim shorts worn by the driver.

The right front passenger moved forward against the child safety seat restraint belt during the crash. He sustained a contusion of the right shoulder which was attributed to this contact mechanism.

ATTACHMENT A

Prints



1. Northbound pre-crash route of the 1990 Mazda Miata.



2. Look back view of the pre-crash route.



3. View of the right turn pre-crash route.



4. Overall view of the eastbound pre-crash trajectory.



5. Eastbound view of the pre-crash trajectory.



6. Pre-crash trajectory - 75 meters (250') prior to the point of impact (POI).



7. Pre-crash trajectory - 60 meters (200') from POI.



8. Pre-crash trajectory - 45 meters (150') from POI.



9. Pre-crash trajectory - 30 meters (100') from POI.



10. Pre-crash trajectory - 15 meters (50') prior to the POI.



11. Pre-crash trajectory - 10 meters (33') prior to the POI.



12. View of POI with culvert along road edge.



13. Overall view of the damage to culvert.



14. Close-up view of culvert.



15. View of the vertical depth of culvert.



16. Overhead close-up view of culvert.



17. Look back overhead view of damage to culvert.



18. Look back view of the vehicle's final rest position (FRP).



19. Look back view of the vehicle's trajectory to FRP.



20. Look back view of the vehicle's travel lane along the shoulder in the area of the POI.



21. Look back view showing travel lane and right shoulder of roadway beyond the FRP.



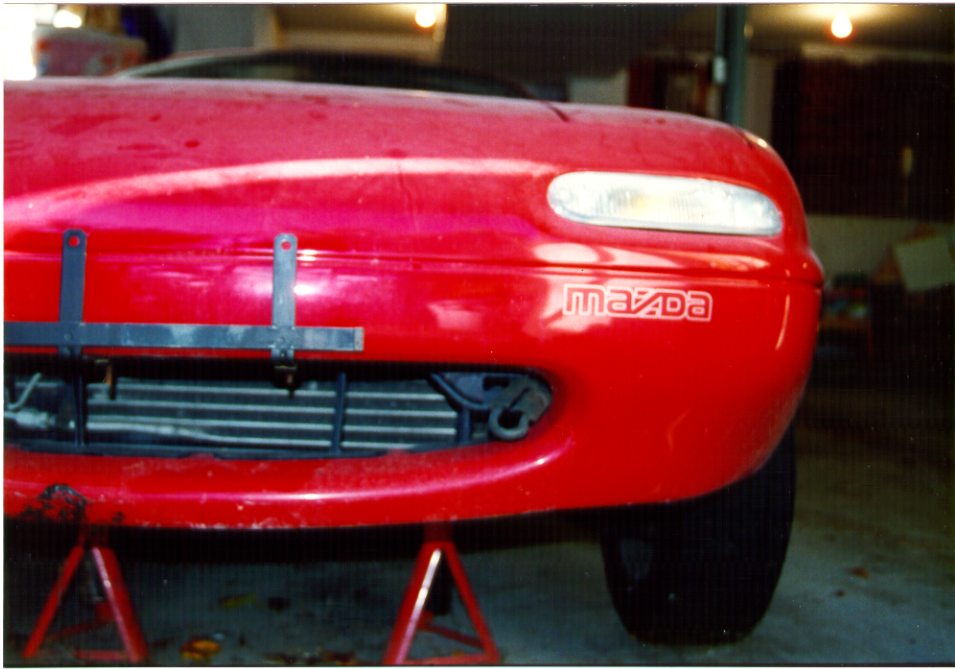
22. Reverse view of vehicle's travel lane 60 meters (200') west of the POI.



23. Overall view of the frontal plane of the 1990 Mazda Miata.



24. Right frontal plane highlighting post crash damage on the bumper.



25. View of the left frontal plane.



26. View of the right side undercarriage plastic deflector panel.



27. Close-up view of the contact damage to the right side plastic deflector panel.



28. View of the right front wheel, strut/shock absorber, and front suspension lower control arm.

29. Inboard view of the right front wheel, strut/shock absorber, and front suspension lower control arm.



30. Close-up view of deformation of right side front suspension lower control arm and to the right front tire rim.



31. Left front corner view.



32. View of left side plane with convertible top in the closed position.



33. View of left side plane with convertible top in the open position.



34. Left rear corner view showing no damage.



35. Right rear corner view showing no deformation along right side.



36. Overhead view of the right front fender area.



37. View of the right front fender showing rearward displacement of the right front wheel.



38. Lateral view of the right fender showing the rearward displacement of the right front wheel.



39. Close-up view of the damage to the right front wheel and fender.

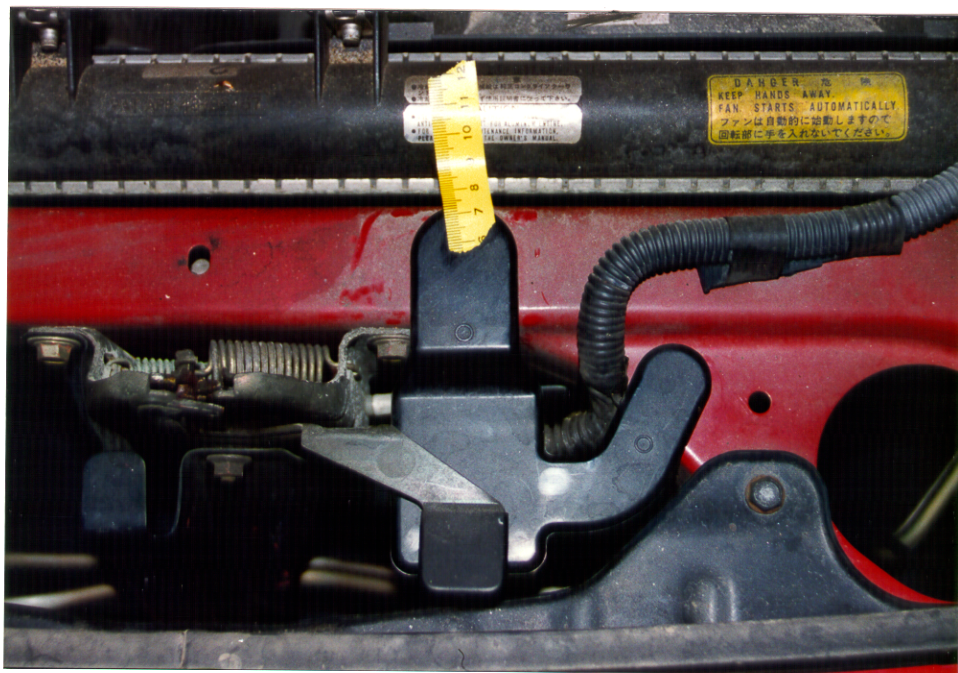


40. Right front corner view showing post impact damage.

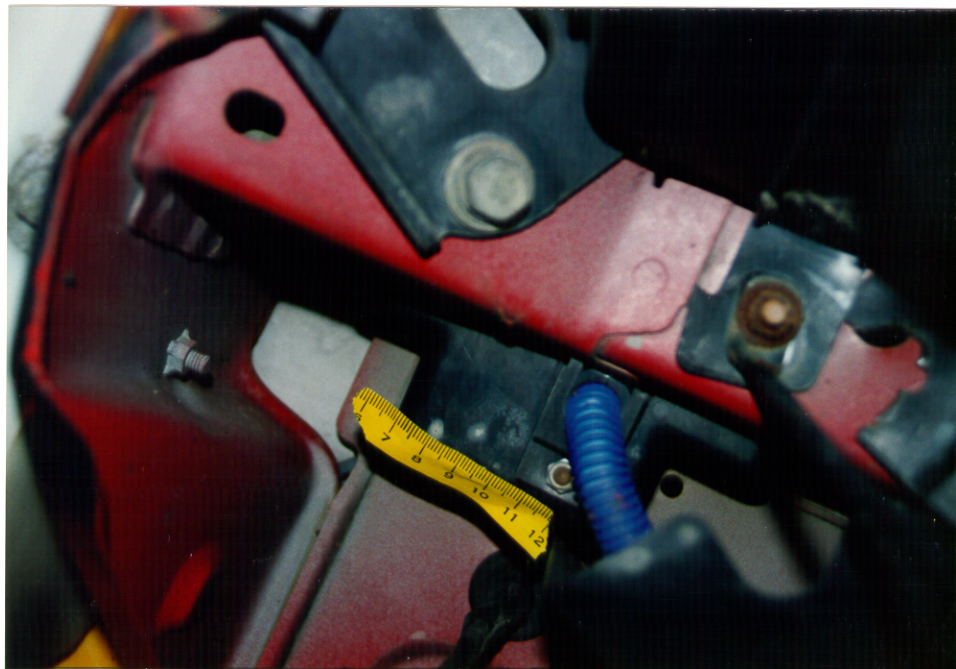
41. Longitudinal view of Vehicle #1's right side plane.



42. View of the crash sensor on the leading edge of the upper radiator support bracket.



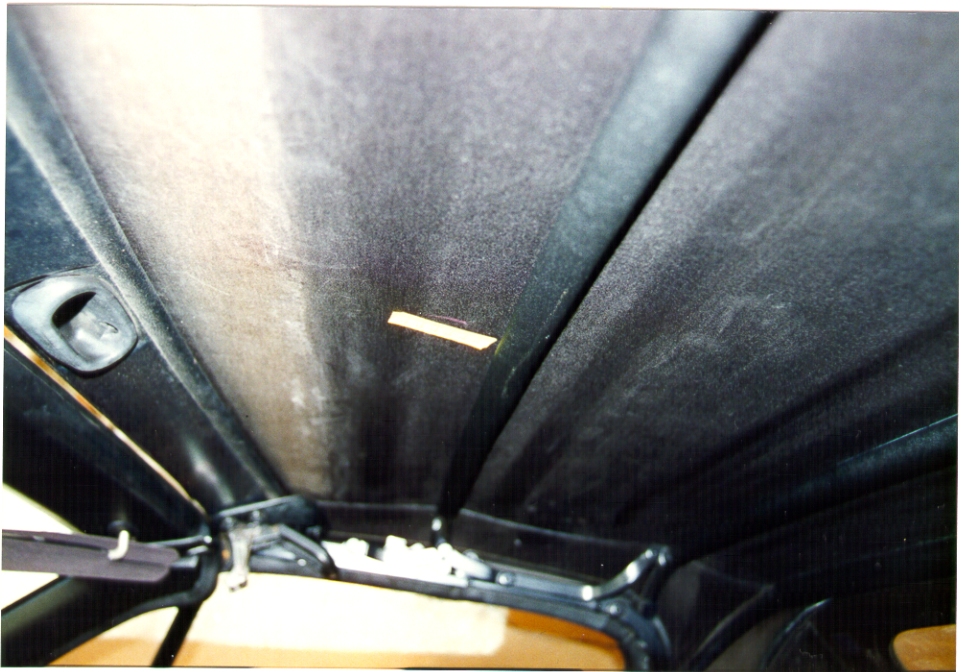
43. Close-up view of the crash sensor.



44. View of right side crash sensor mounted on the outboard vertical surface of the right frame rail.



45. Lateral view of the driver's side.



46. View of interior surface of the convertible roof showing an orange transfer.



47. Close-up view of orange transfer mark.



48. Lateral view of the driver's side.

49. View of the left front instrument panel taken with the roof in the open position.



50. Driver side visor in up position showing no air bag warning labels.



51. Air bag warning label on roof side surface of visor.



52. Angular view of the steering wheel and air bag module.



53. View of the upper air bag module flap and air bag.



54. Close-up view of abrasion marks on steering wheel rim.



55. Close-up view of the upper air bag module flap showing two lateral scuff mark patterns.



56. View of the lower air bag module flap.

57. Lateral view of the steering wheel rim showing no deformation.



58. Lateral view of the driver's seat with the air bag tucked back into the module.



59. Close-up view of the abraded area on driver's side shoulder belt.



60. Close-up view of the driver's lap and shoulder restraint belt warning label.



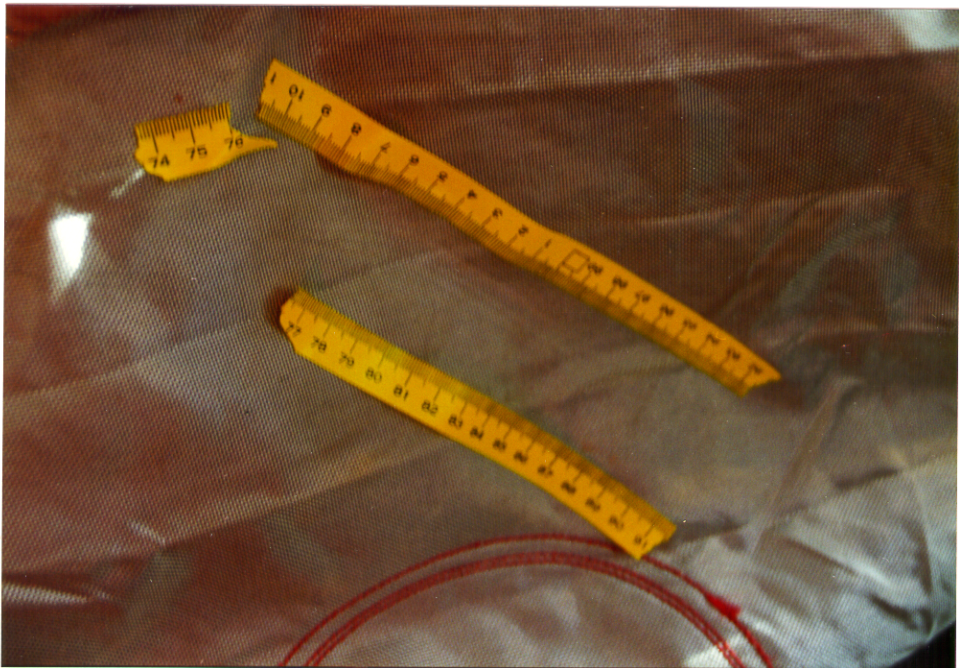
61. View of the sleeve covering the "Replace Belt" warning tag on the driver's lap and shoulder restraint belt indicating insufficient belt stress by driver to cause warning label to be visible.



62. View of the "Replace Belt" tag which was covered by belt sleeve.



63. Overall view of the driver's side air bag.



64. Close-up view of striated abraded marks.



65. Close-up view of black striation transfer marks resulting from contact with underside of upper air bag module flap.



66. Brown transfer mark on instrument panel side of air bag located in an area adjacent to black striated transfer marks.



65. Close-up view of black striation transfer marks resulting from contact with underside of upper air bag module flap.



66. Brown transfer mark on instrument panel side of air bag located in an area adjacent to black striated transfer marks.

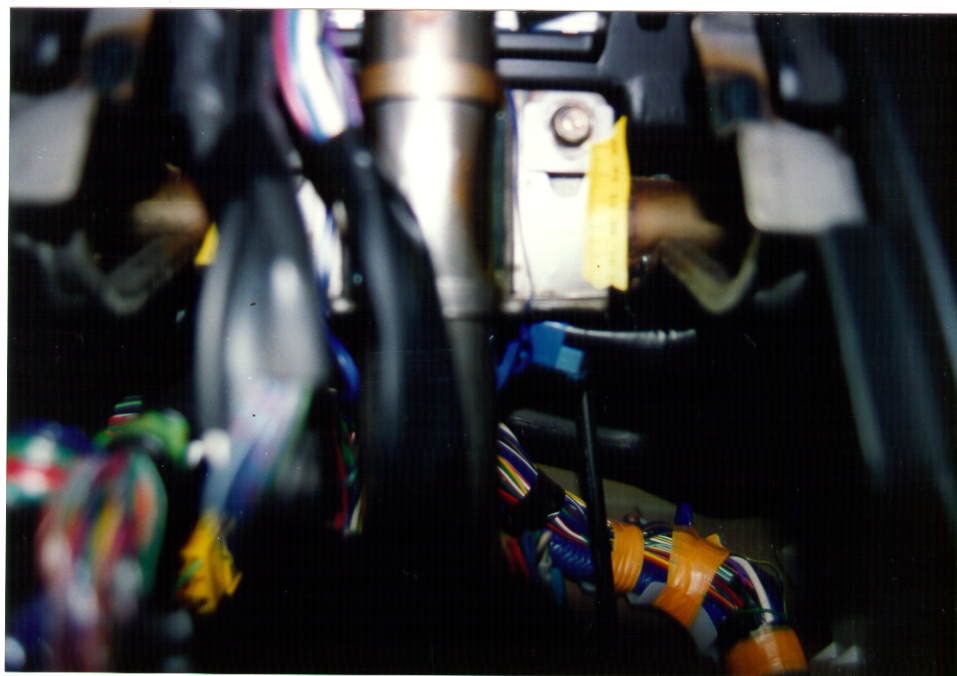
69. Lateral view from the right side of the artificially inflated air bag relative to the position of the driver's seat back support.



70. Air bag identification label.



71. View of blue fabric transfer on left side of steering wheel column.



72. View of right shear capsule showing 1.0 cm (0.4") of displacement.



73. View of the center instrument panel.

74. View of the right instrument panel.

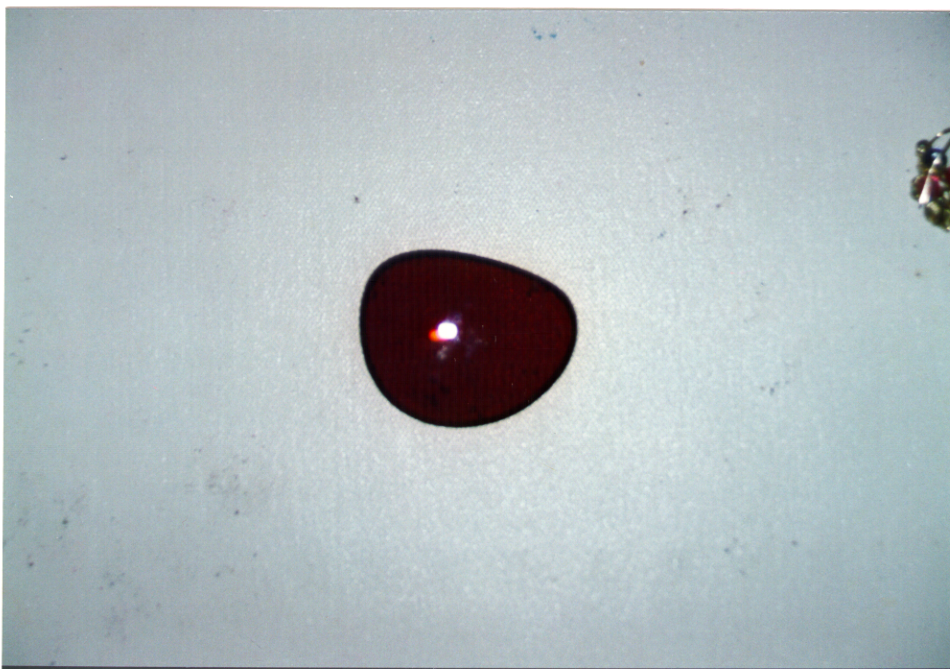




75. Angular view of instrument panel.



76. Lateral view from the right side of the driver's seat.



77. View of the left prescription sunglass lens worn by driver which was separated from the frame.



78. Earrings worn by driver at time of crash showing missing hook of the left earring.

29. Inboard view of the right front wheel, strut/shock absorber, and front suspension lower control arm.



30. Close-up view of deformation of right side front suspension lower control arm and to the right front tire rim.



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

Mazda
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

Mazda MX5
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

JM1NA3511L0 (Serial# omitted)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (Ø and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

___ mph X 1.6093 = ___ kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit in kmph
(999) Unknown

___ mph X 1.6093 = ___ kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present - Medication present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 0
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____
 (5) Unknown type of junction
 (9) Unknown

20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1
 (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____
 (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____
 (9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

Page 3

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 9 8
- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (15) Distracted/inattentive, details unknown
- (16) Other, distraction (specify): Driver who is diabetic, became unconscious due to reaction belt incident, illegal medication (Seldane)
- (17) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 0 1
- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (18) Other (specify): _____
- (19) Unknown
32. Critical Precrash Event 1 1
- THIS VEHICLE LOSS OF CONTROL DUE TO:**
- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (07) Other cause of control loss (specify): _____
- (08) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

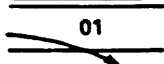
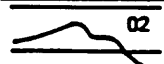
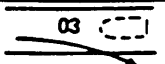
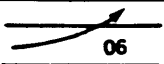

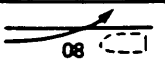
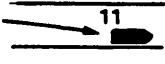

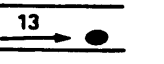
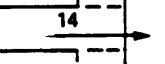
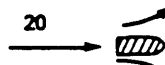
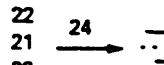
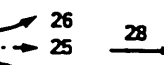
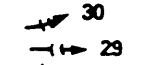

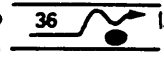

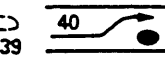
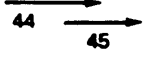
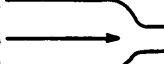




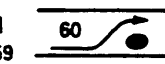
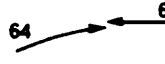
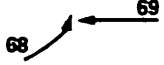
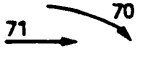

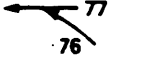

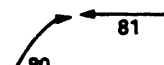
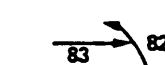
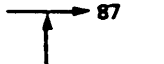

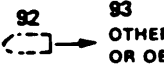
- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

<p>33. Attempted Avoidance Maneuver <u>01</u></p> <p>(00) No driver present (01) No avoidance maneuver (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (98) Other action (specify): _____ (99) Unknown</p> <p>34. Pre-Impact Stability <u>1</u></p> <p>(0) No driver present (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify): _____ (9) Precrash stability unknown</p>	<p>35. Pre-Impact Location <u>4</u></p> <p>(0) No driver present (1) Stayed in original travel lane (2) Stayed on roadway but left original travel lane (3) Stayed on roadway, not known if left original travel lane (4) Departed roadway (5) Remained off roadway (6) Returned to roadway (7) Entered roadway (9) Unknown</p> <p>36. Accident Type <u>01</u> (Note: Applicable codes on back of this page)</p> <p>(00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): _____ (99) Unknown</p>
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STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 29, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 45	 46 45 47	(EACH • 48) SPECIFICS OTHER		(EACH • 49) SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	51 (EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe Angle	 64 LATERAL MOVE	65 (EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 77 76 TURN INTO SAME DIRECTION	 79 78 TURN INTO OPPOSITE DIRECTIONS	 81 80	 83 82	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 87 86	 88 89	(EACH • 90) SPECIFICS OTHER		(EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc	 92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 2
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1,000 0
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

Source: _____

44. Vehicle Cargo Weight 000 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 07
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____
- Underride (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____
- (7) Medium/heavy truck or bus override (of any configuration)
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (996) Non-horizontal impact
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

53. Heading Angle For This Vehicle 998
54. Heading Angle For Other Vehicle 998

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 1
- (0) No
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify): _____
 (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 08

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
 (02) Reconstruction program-damage and trajectory routine
 (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override — *Damage only to*
 (09) Yielding object *Rt side*
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify): _____

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of
Delta V

Highest

+
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than

-0.5 kmph and less than +0.5 kmph)

(\pm 160) \pm 159.5 kmph and above

(__999) Unknown

61. Lateral Component of Delta V

Highest

+
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph and
less than +0.5 kmph)

(\pm 160) \pm 159.5 kmph and above

(__999) Unknown

62. Energy Absorption

Highest

999.900

____ Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)2

(0) No reconstruction

(1) Collision fits model — results appear
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear
reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

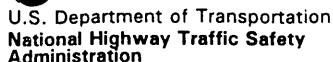
ESTIMATED DELTA V	INSPECTION TYPE
66. Estimated Highest Delta V (Researcher Determined) <u>2</u> (0) Reconstruction Delta V coded <i>Estimated Delta V</i> (1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph <i>Other estimates of damage severity</i> (6) Minor (7) Moderate (8) Severe (9) Unknown	67. Type of Vehicle Inspection <u>3</u> (0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): _____ (3) Complete inspection DELTA V EVENT NUMBER 68. Delta V Event Number <u>1</u> _____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle (99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



VEHICLE IDENTIFICATION

LOCATOR

CRUSH PROFILE IN CENTIMETERS

[illegible]

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>60</u>	6. <u>12</u>	7. <u>F</u>	8. <u>Z</u>	9. <u>L</u>	10. <u>W</u>	11. <u>03</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L 21. C₁ C₂ C₃ C₄ C₅ C₆ 22. ± D

_____ +
_____ -

Second Highest Delta "V"

23. L 24. C₁ C₂ C₃ C₄ C₅ C₆ 25. ± D

_____ +
_____ -

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

125
(250) Code to the nearest centimeter (049")
(998) 250 centimeters or more
(999) No highest severity end plane impact
(999) Unknown

27. Direct Damage Width

(For highest severity impact)

042
(250) Code to the nearest centimeter
(999) 250 centimeters or more
(999) Unknown

28. Original Wheelbase

227
Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

29. Original Average Track Width

142
Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form

Page 5

FUEL SYSTEM

30. Are CDCs Documented but Not Coded on The Automated File? 0
 (0) No
 (1) Yes

31. Researcher's Assessment of Vehicle Disposition 1
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0
 (0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications (specify): _____

 (Include photograph of CERTIFICATION PLACARD in case report)
 (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap 8

36. Location of Fuel Tank-2 Filler Cap 0

- (0) No fuel tank
 (1) On back plane
 (2) Aft of center of the rear wheels (rear axle) on left side plane
 (3) Aft of center of the rear wheels (rear axle) on right side plane
 (4) Forward of center of the rear wheels (rear axle) on left side plane
 (5) Forward of center of the rear wheels (rear axle) on right side plane
 (6) Over the center of the rear wheels (rear axle) on left side plane
 (7) Over the center of the rear wheels (rear axle) on right side plane
 (8) Other (specify): Aft of 2nd Axle
 (9) Unknown on top plane of fender

37. Type of Fuel Tank-1 9

38. Type of Fuel Tank-2 0

- (0) No fuel tank (electrical vehicle)
 (1) Metallic unknown
 (2) Non-metallic
 (9) Unknown

39. Location of Fuel Tank-1 9

40. Location of Fuel Tank-2 0

- (0) No fuel tank unknown location
 (1) Aft of center of the rear wheels (rear axle) centered
 (2) Aft of center of the rear wheels (rear axle) left side
 (3) Aft of center of the rear wheels (rear axle) right side
 (4) Forward of center of the rear wheels (rear axle) centered
 (5) Forward of center of the rear wheels (rear axle) left side
 (6) Forward of center of the rear wheels (rear axle) right side
 (7) Over center of the rear wheels (rear axle)
 (8) Other (specify): _____
 (9) Unknown

41. Damage to Fuel Tank-1 9

42. Damage to Fuel Tank-2 0

- (0) No fuel tank
 (1) No damage to fuel tank
 (2) Deformed, no seam failure
 (3) Deformed, with a seam failure
 (4) Punctured
 (5) Lacerated (ripped)
 (6) Abraded (scraped)
 (7) Filler neck separation from the fuel tank
 (8) Other damage (specify): _____
 (9) Unknown

FIRE OCCURRENCE

33. Fire Occurrence 0
 (0) No fire

Yes, fire occurred

- (1) Minor
 (2) Major
 (9) Unknown

34. Origin of Fire 0
 (0) No fire

- (1) Vehicle exterior (front, side, back, top)
 (2) Exhaust system
 (3) Fuel tank (and other fuel retention system parts)
 (4) Engine compartment
 (5) Cargo/trunk compartment
 (6) Instrument panel
 (7) Passenger compartment area
 (8) Other location (specify): _____
 (9) Unknown

43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

0

(0) No fuel tank

(1) No fuel leakage

Primary Area Of Leakage

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): _____

(9) Unknown

45. Fuel Type-1

01

46. Fuel Type-2

07*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank _____

Tank location _____

Filler cap location _____

Tank damage _____

Location of leakage _____

Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 0 19. RR 0

20. BL 8 21. Roof 0 22. Other 2 - wing window

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify): Plastic
- (9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 0 27. RR 0

28. BL 1 29. Roof 1 30. Other 2

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 0 35. RR 0

36. BL 1 37. Roof 0 38. Other 1

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

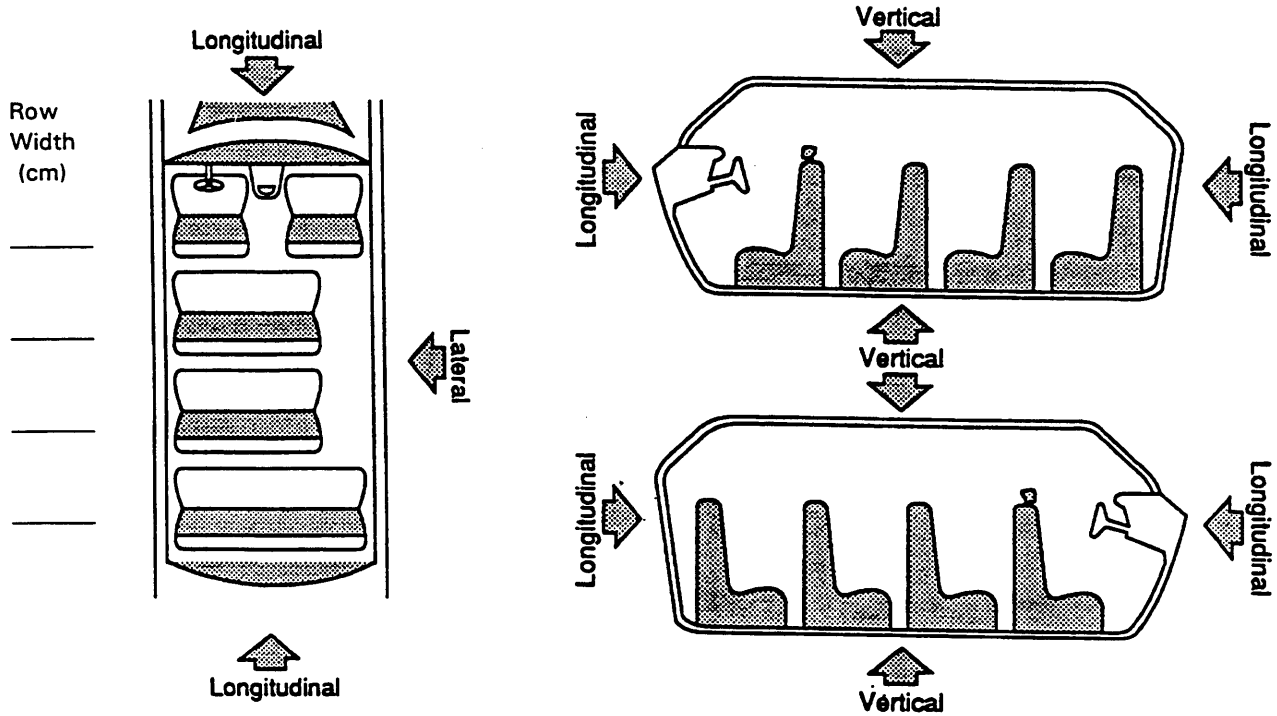
39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 0

44. BL 1 45. Roof 0 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	—	INTRUDED VALUE	=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>NO</u>	48. <u>Intrusion</u>	49. <u>50</u>	50. <u></u>
2nd	51. <u></u>	52. <u></u>	53. <u></u>	54. <u></u>
3rd	55. <u></u>	56. <u></u>	57. <u></u>	58. <u></u>
4th	59. <u></u>	60. <u></u>	61. <u></u>	62. <u></u>
5th	63. <u></u>	64. <u></u>	65. <u></u>	66. <u></u>
6th	67. <u></u>	68. <u></u>	69. <u></u>	70. <u></u>
7th	71. <u></u>	72. <u></u>	73. <u></u>	74. <u></u>
8th	75. <u></u>	76. <u></u>	77. <u></u>	78. <u></u>
9th	79. <u></u>	80. <u></u>	81. <u></u>	82. <u></u>
10th	83. <u></u>	84. <u></u>	85. <u></u>	86. <u></u>

LOCATION OF INTRUSION

Front Seat

- (11) Left
- (12) Middle
- (13) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____

(99) Unknown

Third Seat

- (31) Left
- (32) Middle
- (33) Right

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

=


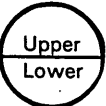

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STEERING COLUMN

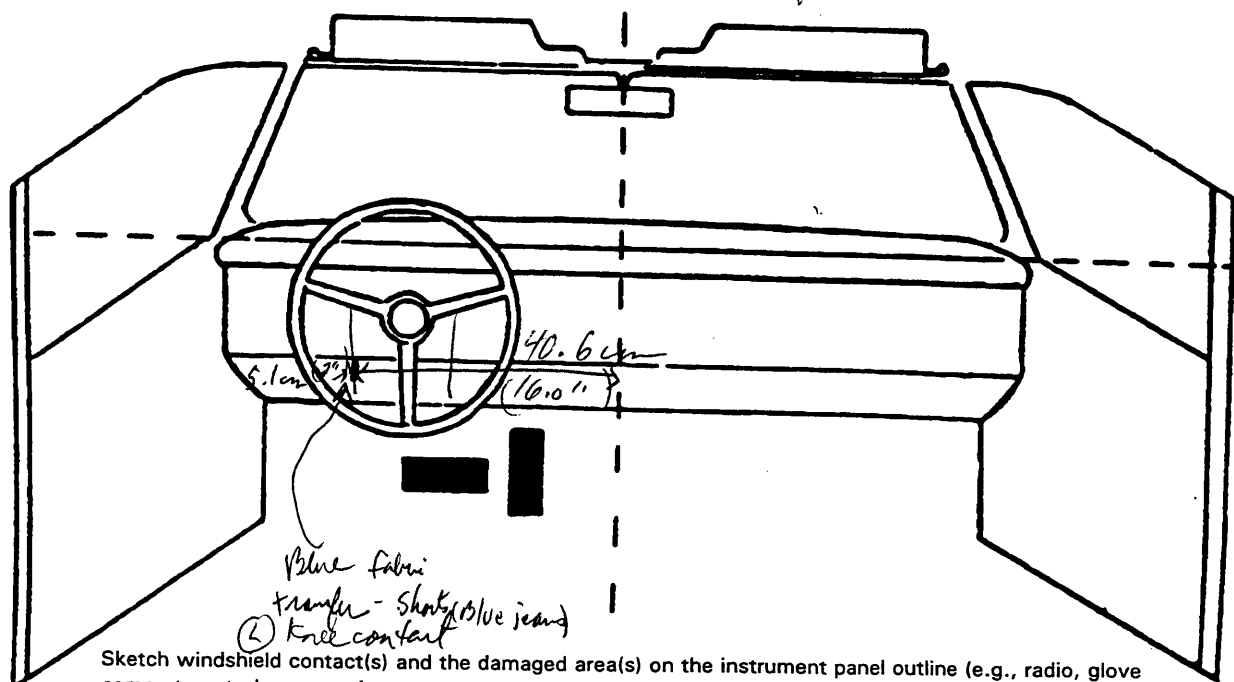
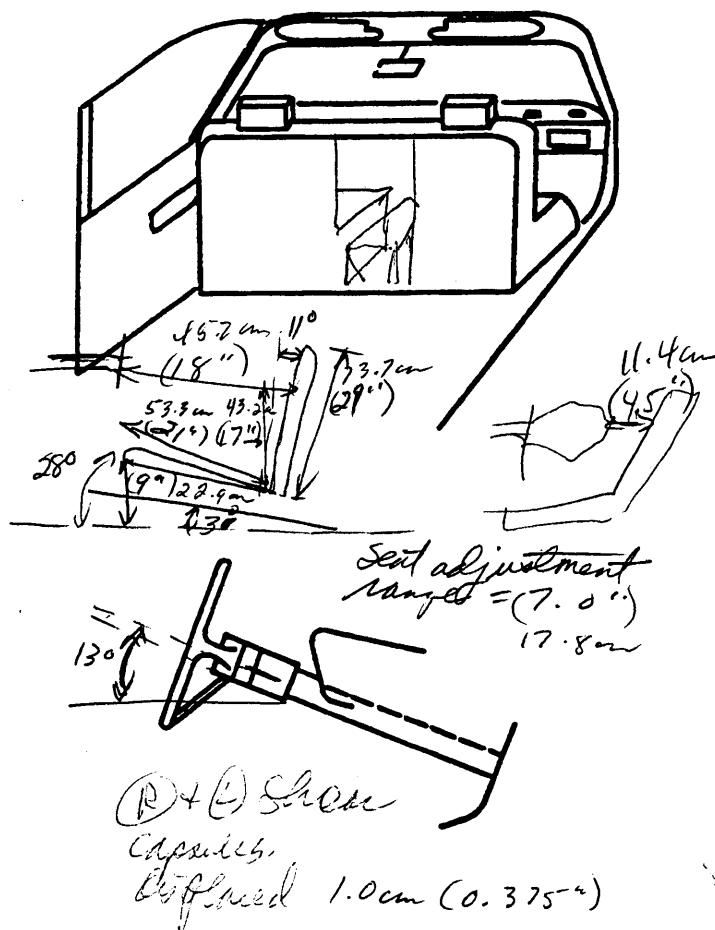
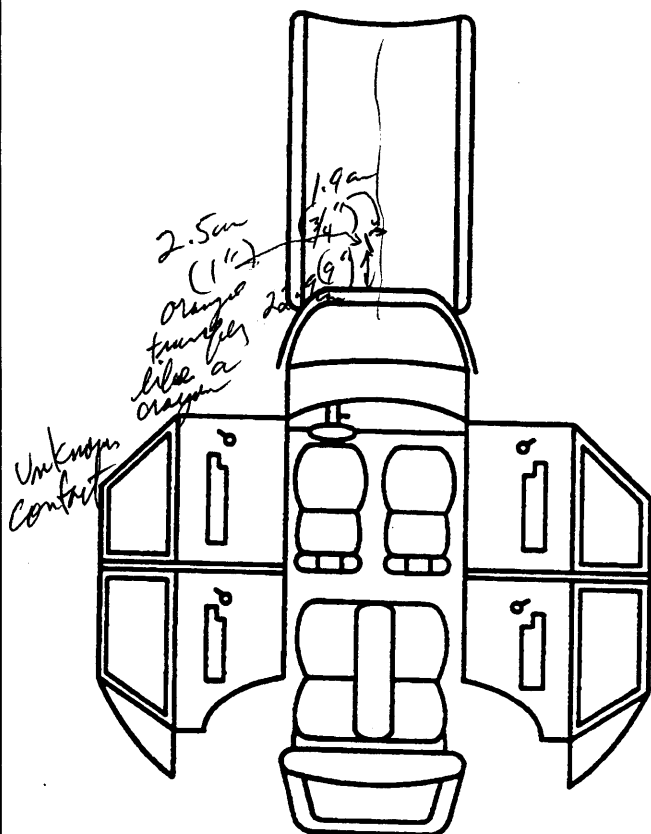
87. Steering Column Type 1
 (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):
 (9) Unknown
88. Tilt Steering Column Adjustment 0
 (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown
89. Telescoping Steering Column Adjustment 0
 (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown
90. Steering Rim/Spoke Deformation 00
 Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown
91. Location of Steering Rim/Spoke Deformation 08
 (00) No steering rim deformation
- Quarter Sections**
 (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D
- Half Sections**
 (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke
 (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown
- 
- 
- 

INSTRUMENT PANEL

92. Odometer Reading 0 8 5,000
 kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown
52.577 miles X 1.6093 = 84.612 kilometers
 Source: _____
93. Instrument Panel Damage from Occupant Contact? 0
 (0) No
 (1) Yes
 (9) Unknown
94. Type of Knee Bolster Covering 2
 (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify):
 (9) Unknown
95. Knee Bolsters Deformed from Occupant Contact? 1
 (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown
96. Did Glove Compartment Door Open During Collision(s)? 1
 (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown
97. Adaptive (Assistive) Driving Equipment 8
 (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
 [] Hand controls for braking/acceleration
 [] Steering control devices (attached to OEM steering wheel)
 [] Steering knob attached to steering wheel
 [] Low effort power steering (unit or device)
 [] Replacement steering wheel (i.e., reduced diameter)
 [] Joy-stick steering controls
 [] Wheelchair tie-downs
 [] Modification to seat belts (specify):
 [] Additional or relocated switches (specify):
 [] Raised roof
 [] Wall-mounted head rest (used behind wheelchair)
 [] Other adaptive device (specify):
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):

- (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	/	4
	B-Evidence of usage	4		4
	C-Used in this crash?	4		4
	D-Proper Use	yes		yes
	E-Failure Modes	no		no
	F-Anchorage Adjustment	fixed - on top of		fixed
SECOND	A-Availability	"B-pillar" -		same
	B-Evidence of usage	belt sensitive loading restraint		
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	/	0	0
	Deployment	/	/	/
	Failure	/	/	/

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

Air Bag System Deployment**(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Are There Indications of Air Bag**System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	/	/
	B-Use	/	/
	C-Type	/	/
	D-Proper Use	/	/
	E-Failure Modes	/	/

A-Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

B-Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

C-Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly

with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	
B-Flaps open at tear points?	2	
C-Flaps damaged?	No - Occ Contact	
D-Air bag damaged?	No	
E-Source of air bag damage	NA	
F-Air bag tethered?	4 tethers	
G-Air bag have vent ports?	2 Vent Ports @ 3 & 9 o'clock	
H-Other occupant contact air bag?	No	
I-Occupant wearing eyewear?	Yes - Prescription Sunglasses	

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged
- Yes - Air Bag Damage
- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):
- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

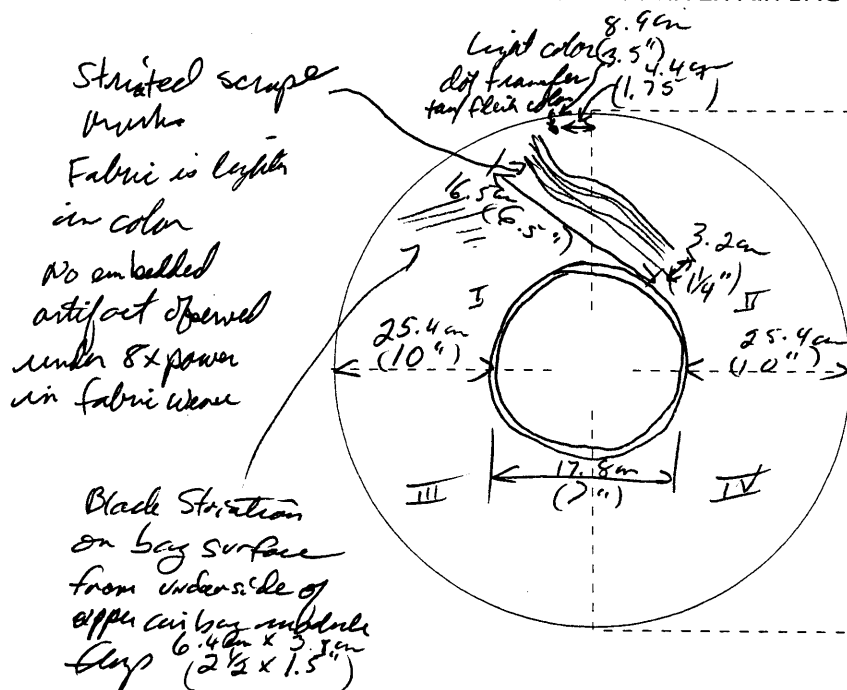
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)

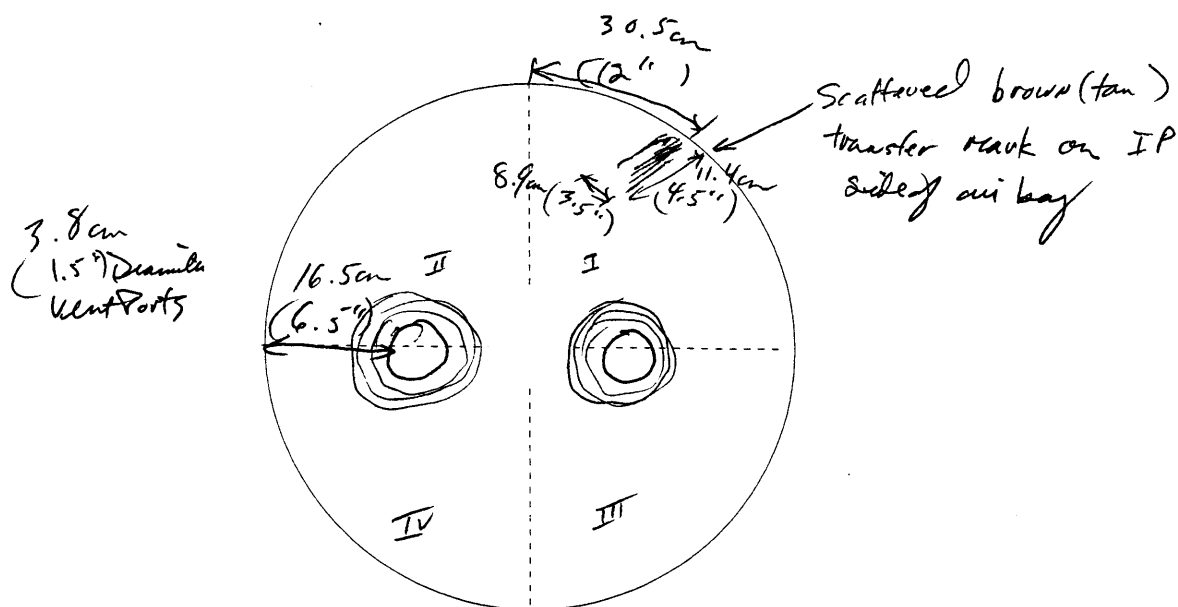


Air Bag #

4 tetras

cm.

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

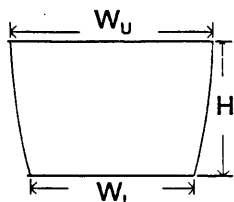


DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____

height (H) _____



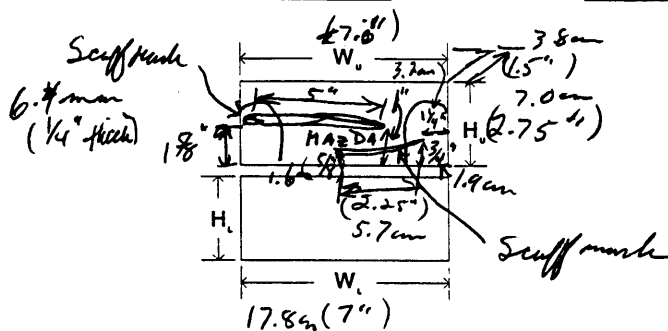
4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. **Upper Flap**

b. Lower Flap

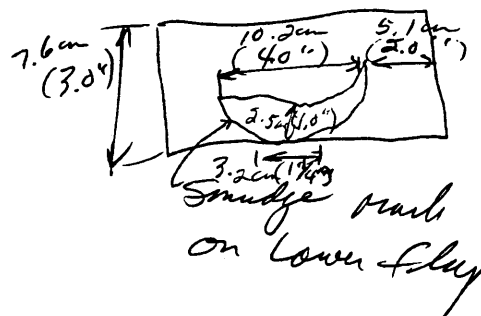
width (W_U) _____ width (W_L) _____

height (H_U) 17.8m height (H_L)

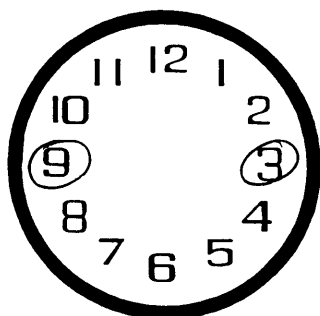


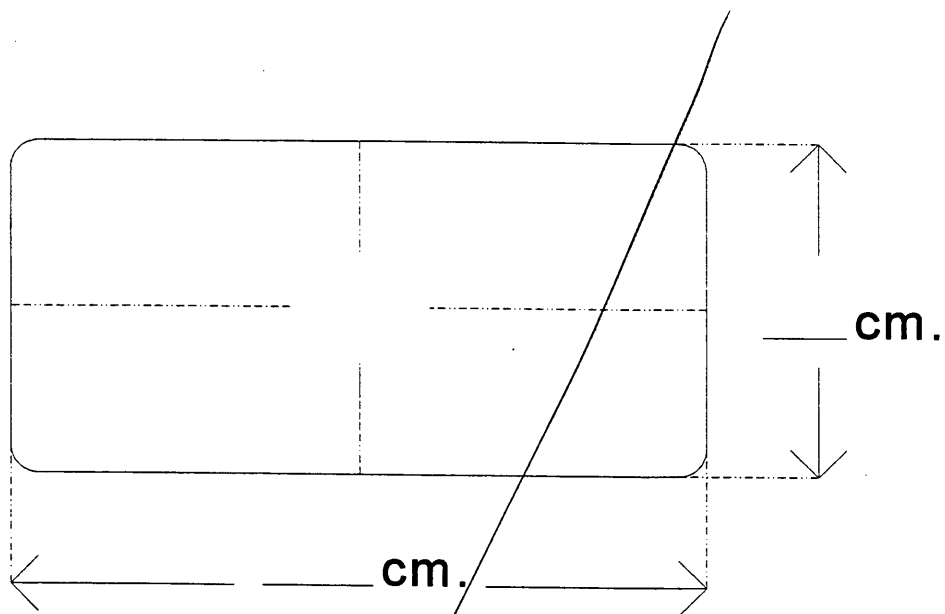
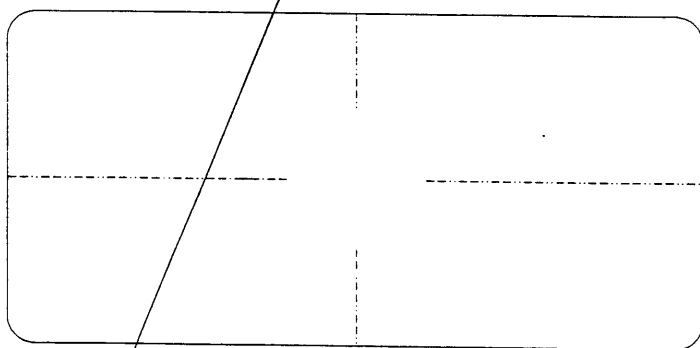
5. SKETCH OF OTHER TYPE OF AIR BAG MODULE
FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS



7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



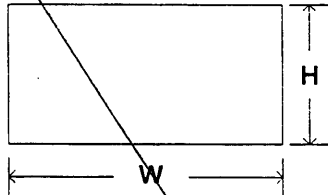
PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

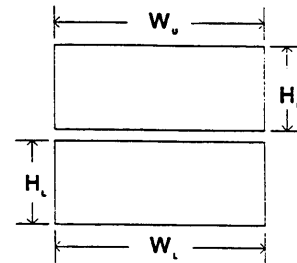
b. Lower Flap

width (W_u) _____

width (W_l) _____

height (H_u) _____

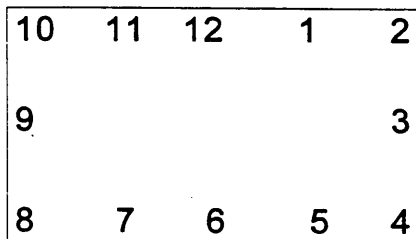
height (H_l) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

National Accident Sampling System-Crashworthiness Data System: Interior Vehicle Form

Page 10

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	Integral/Not damaged	/	Same
	B-Seat Type	Bucket w/ folding reclining back		Same
	C-Seat Orientation	Forward		Full Reclined
	D-Seat Track Position	Full forward		
	E-Seat Back Incline Pre/Post Impact	See Diagram Interim		66° 56°
	F-Seat Performance	No problem		No problem
SECOND	A-Head Restraint Type/Damage	/	/	/
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
THIRD	A-Head Restraint Type/Damage	/	/	/
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage	/	/	/
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

A-Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

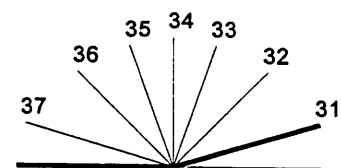
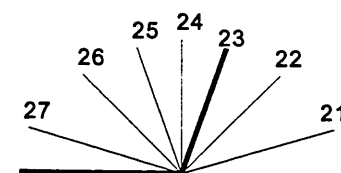
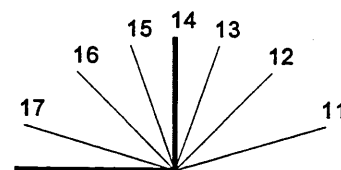
Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	02					
1. Type of Child Safety Seat	3					
2. Child Safety Seat Orientation	12					
3. Child Safety Seat Harness Usage	12					
4. Child Safety Seat Shield Usage	12					
5. Child Safety Seat Tether Usage	00					
6. Child Safety Seat Make/Model	<i>Century Seat</i> <i>Unknown model</i>					

Specify Below for Each Child Safety Seat

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [✓] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [✓] Yes []

Describe entrapment mechanism:

Component(s):

(Note on vehicle interior sketch)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

___ inches X 2.54 = ___ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

___ pounds X .4536 = ___ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 1

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

Air bag / #4
 (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☒ Official injury data
- ☒ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

- (9) Unknown

31. Frontal Air Bag System Deployment 1

(This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag Deployment Impact - 999

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (4)
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (2)
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

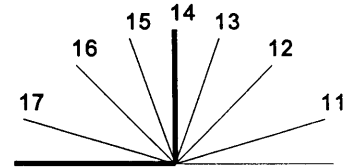
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

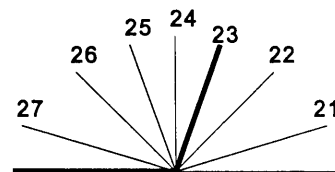
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

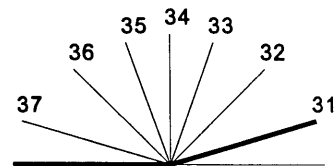
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 000
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 3

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (7) Treatment - other (specify):

 (8) Transported to a medical facility-unknown if treated
 (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

- (9) Unknown

64. Hospital Stay 32

- (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

65. Working Days Lost 61

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

EMERGENCY RESPONSE INFORMATION

EMS Notification

- (1) Not notified ROAD VEHICLE
 (2) Notified
 (9) Unknown AIR VEHICLE

EMS NotificationTime (first unit)

- (9999) Unknown ROAD VEHICLE
AIR VEHICLE

EMS Arrival Time (first unit)

- (9998) EMS cancelled or did not arrive ROAD VEHICLE
 (9999) Unknown AIR VEHICLE

EMS Departure Time To Treatment Facility (transporting unit)

- (9997) EMS arrived, provided treatment, but did not transport ROAD VEHICLE
AIR VEHICLE
 (9998) EMS arrived, but was not used
 (9999) Unknown

EMS Arrival Time At Treatment Facility

- (9999) Unknown ROAD VEHICLE
AIR VEHICLE

EMS Type

- | | FIRST UNIT | TRANSPORTING UNIT |
|-------------------------------|------------|---------------------|
| (01) Fire department | | |
| (02) Rescue squad | | |
| (03) Police department | | <u>ROAD VEHICLE</u> |
| (04) Trauma unit | | |
| (05) Disaster unit | | <u>AIR VEHICLE</u> |
| (06) Ambulance service unit | | |
| (07) Hospital | | |
| (08) Mortuaries/funeral homes | | |
| (98) Other, specify: _____ | | |
| (99) Unknown | | |

EMS Care

- | | ON-SCENE | DURING TRANSPORT |
|--|----------|---------------------|
| (01) No care administered | | |
| (02) First aid | | |
| (03) Resuscitation | | <u>ROAD VEHICLE</u> |
| (04) CPR | | |
| (05) Emergency cardiac care | | <u>AIR VEHICLE</u> |
| (06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG) | | |
| (07) Emergency burn care | | |
| (08) Combination of above, specify: _____ | | |
| (98) Other, specify: _____ | | |
| (99) Unknown | | |

STOP WORK HERE VARIABLES 66-74 TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00
 Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 09

Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 07

(00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 96

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃

(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 2

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	A.I.S. - 90					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
1st	5. <u>2</u>	6. <u>1</u>	7. <u>6</u>	8. <u>06</u>	9. <u>04</u>	10. <u>3</u>	11. <u>0</u>	12. <u>170</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>2</u>	17. <u>6</u>	18. <u>5</u>	19. <u>02</u>	20. <u>28</u>	21. <u>3</u>	22. <u>0</u>	23. <u>170</u>	24. <u>1</u>	25. <u>1</u>	26. <u>02</u>
3rd	27. <u>2</u>	28. <u>1</u>	29. <u>4</u>	30. <u>06</u>	31. <u>52</u>	32. <u>4</u>	33. <u>2</u>	34. <u>170</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u>2</u>	39. <u>4</u>	40. <u>4</u>	41. <u>22</u>	42. <u>02</u>	43. <u>3</u>	44. <u>2</u>	45. <u>170</u>	46. <u>1</u>	47. <u>1</u>	48. <u>02</u>
5th	49. <u>2</u>	50. <u>4</u>	51. <u>4</u>	52. <u>14</u>	53. <u>06</u>	54. <u>3</u>	55. <u>1</u>	56. <u>170</u>	57. <u>1</u>	58. <u>1</u>	59. <u>02</u>
6th	60. <u>2</u>	61. <u>2</u>	62. <u>9</u>	63. <u>06</u>	64. <u>02</u>	65. <u>1</u>	66. <u>8</u>	67. <u>170</u>	68. <u>1</u>	69. <u>1</u>	70. <u>02</u>
7th	71. <u>2</u>	72. <u>1</u>	73. <u>9</u>	74. <u>06</u>	75. <u>02</u>	76. <u>1</u>	77. <u>6</u>	78. <u>151</u>	79. <u>2</u>	80. <u>1</u>	81. <u>03</u>
8th	82. <u>1</u>	83. <u>2</u>	84. <u>9</u>	85. <u>02</u>	86. <u>02</u>	87. <u>1</u>	88. <u>2</u>	89. <u>170</u>	90. <u>1</u>	91. <u>1</u>	92. <u>00</u>
9th	93. <u>1</u>	94. <u>7</u>	95. <u>9</u>	96. <u>04</u>	97. <u>02</u>	98. <u>1</u>	99. <u>2</u>	100. <u>152</u>	101. <u>1</u>	102. <u>1</u>	103. <u>02</u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

	Source of Injury Data	Body Region	A.I.S. - 90				Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
11th	—	—	—	— —	— —	—	—	— — —	—	—	— —
12th	—	—	—	— —	— —	—	—	— — —	—	—	— —
13th	—	—	—	— —	— —	—	—	— — —	—	—	— —
14th	—	—	—	— —	— —	—	—	— — —	—	—	— —
15th	—	—	—	— —	— —	—	—	— — —	—	—	— —
16th	—	—	—	— —	— —	—	—	— — —	—	—	— —
17th	—	—	—	— —	— —	—	—	— — —	—	—	— —
18th	—	—	—	— —	— —	—	—	— — —	—	—	— —
19th	—	—	—	— —	— —	—	—	— — —	—	—	— —
20th	—	—	—	— —	— —	—	—	— — —	—	—	— —
21st	—	—	—	— —	— —	—	—	— — —	—	—	— —
22nd	—	—	—	— —	— —	—	—	— — —	—	—	— —
23rd	—	—	—	— —	— —	—	—	— — —	—	—	— —
24th	—	—	—	— —	— —	—	—	— — —	—	—	— —
25th	—	—	—	— —	— —	—	—	— — —	—	—	— —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u> (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic <u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL = 0

Glasgow Coma
Scale Score

GCSS = 7

Units of Blood
Given

Units = 0

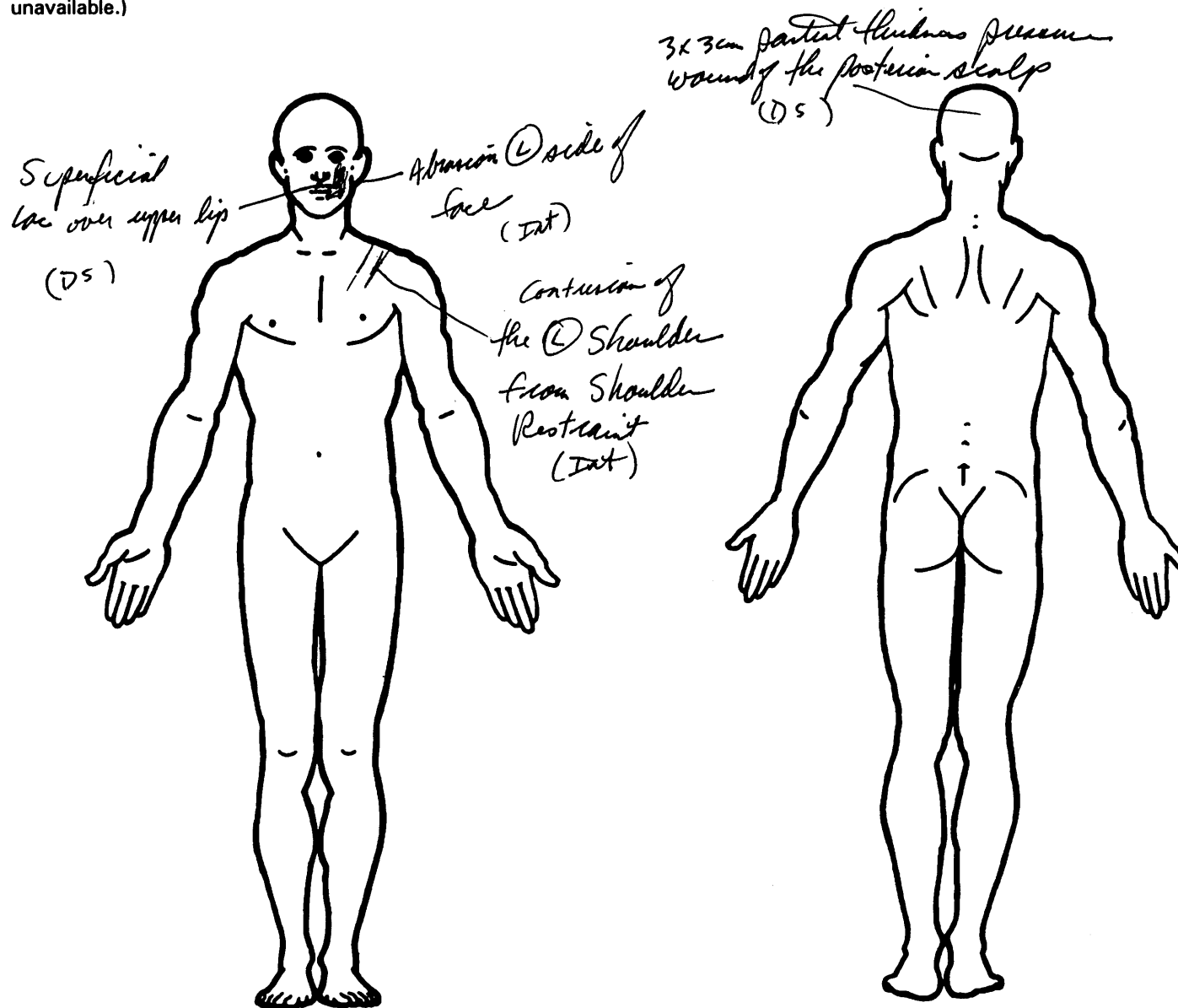
Arterial Blood Gases

pH = 7.37

PO₂ = 492

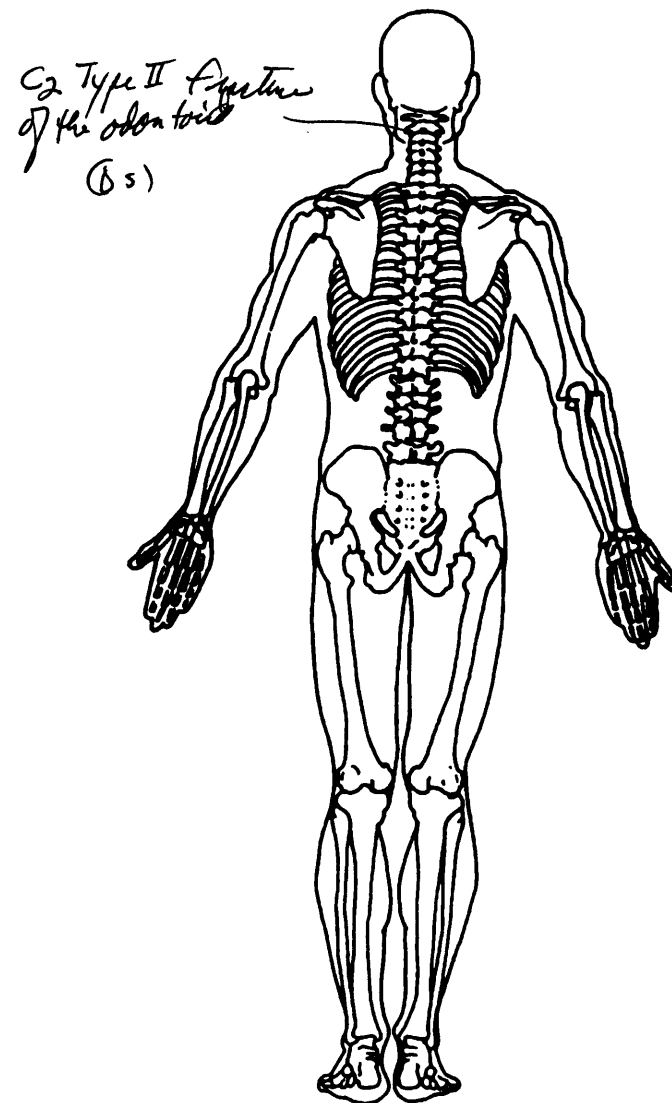
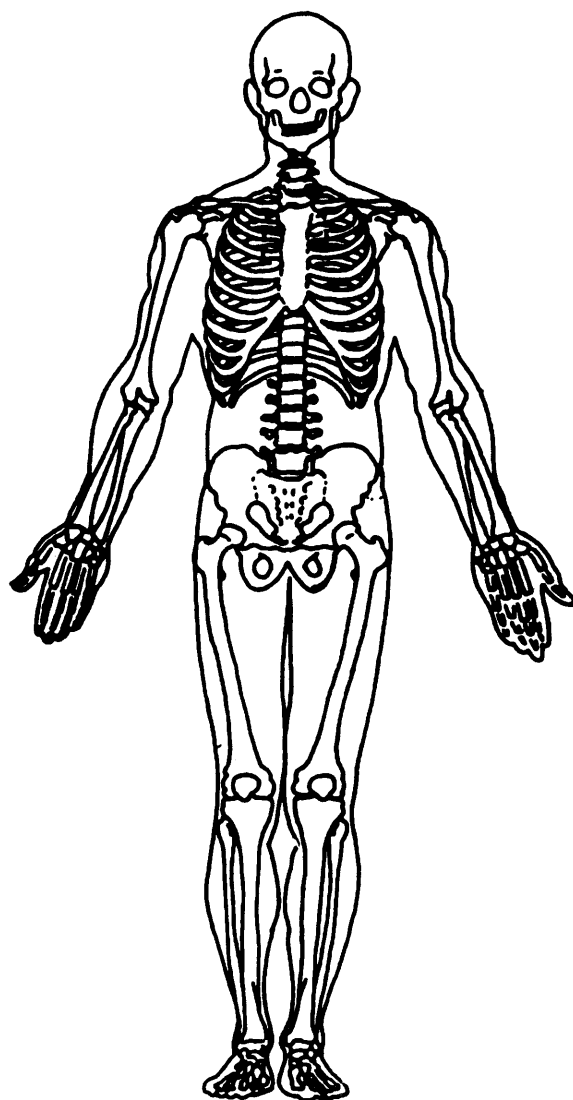
PCO₂ 39

HCO₃



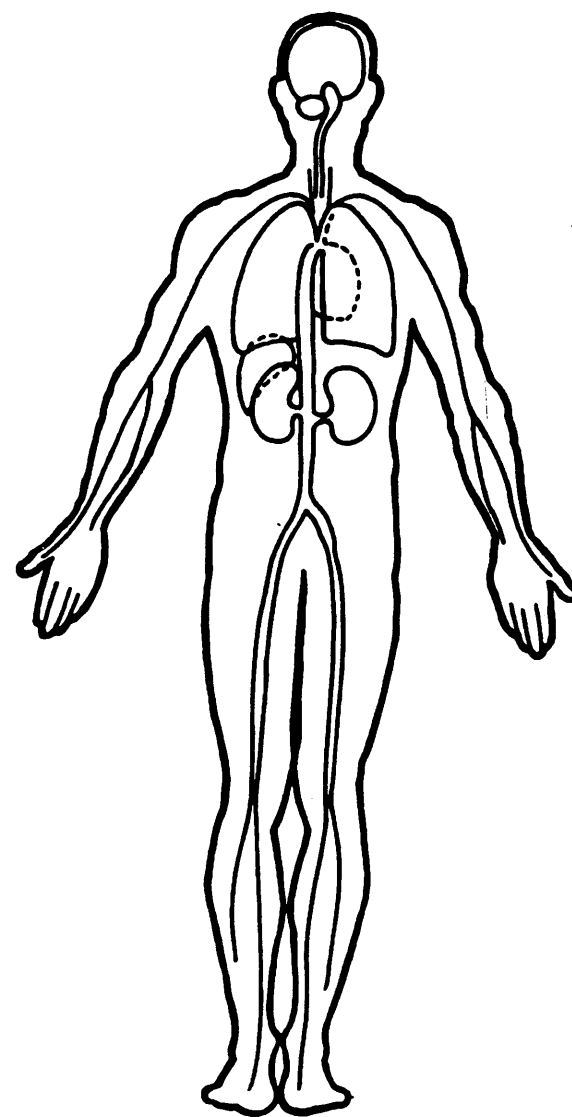
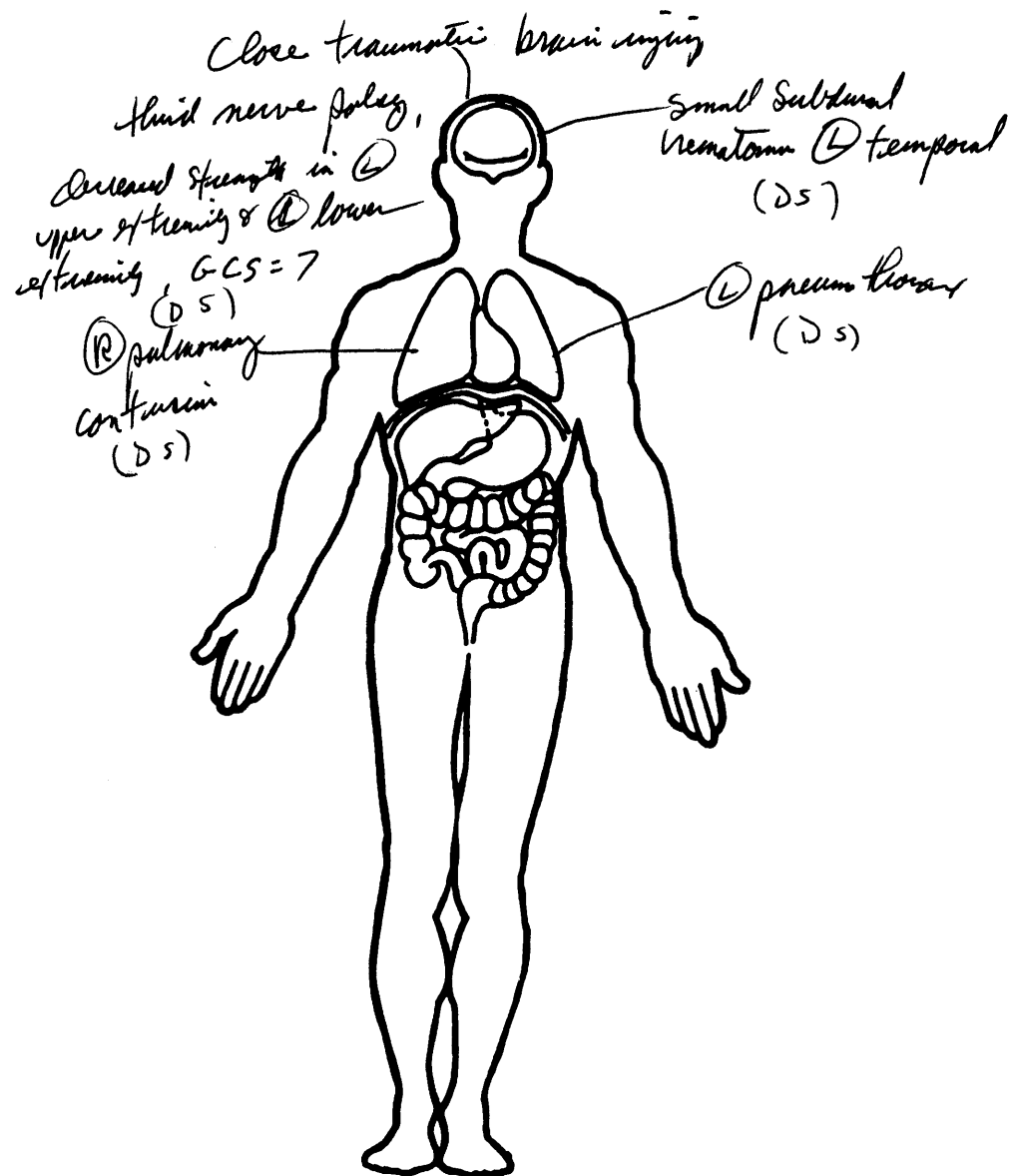
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum 96-17

3. Vehicle Number 01

4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 04

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 108

Code actual height to the nearest
centimeter.

(999) Unknown

___ inches X 2.54 = ___ centimeters

8. Occupant's Weight 019

Code actual weight to the nearest
kilogram.

(999) Unknown

___ pounds X .4536 = ___ kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position 13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 8

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

- | | |
|--|---|
| <p>18. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown _____</p> <p>19. Manual (Active) Belt System Use <u>1 3</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt _____</p> <p>(03) Lap belt _____</p> <p>(04) Lap and shoulder belt _____</p> <p>(05) Belt used—type unknown _____</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat _____</p> <p>(13) Lap belt used with child safety seat _____</p> <p>(14) Lap and shoulder belt used with child safety seat _____</p> <p>(15) Belt used with child safety seat—type unknown _____</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used _____</p> <p>20. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p> <p>21. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor _____</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p> | <p>22. Manual Shoulder Belt Upper Anchorage Adjustment <u>1</u></p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p> <p>23. Automatic (Passive) Belt System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>0</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p> <p>25. Automatic (Passive) Belt System Type <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>0</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown _____</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident <u>0</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor _____</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown _____</p> |
|--|---|

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

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POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 6

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Vehicle inspection
 [✓] Official injury data
 [✓] Driver/occupant interview
 [] Other (specify):

[] Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

(0) Not equipped/not available

(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

36. Type of Air Bag 0

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

(00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

39. CDC For Air Bag Deployment Impact 0

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify):

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

40. Longitudinal Component of

+

Delta V For Air Bag

-

Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 00

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify):

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 150
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

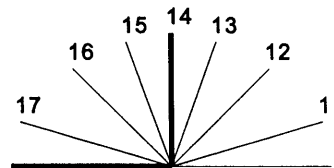
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 6
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

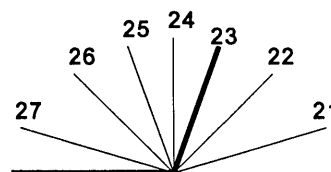
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

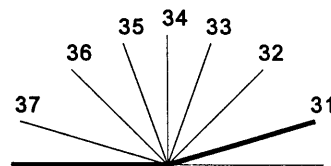
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) +

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 998

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

Century Unknown Model

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 3

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 02

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 1259. Child Safety Seat Shield Usage 0960. Child Safety Seat Tether Usage 09Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

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INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (7) Treatment - other (specify):

 (8) Transported to a medical facility-unknown if treated
 (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

 (9) Unknown

64. Hospital Stay 02

- (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

EMERGENCY RESPONSE INFORMATION**EMS Notification**

- (1) Not notified ROAD VEHICLE
 (2) Notified
 (9) Unknown AIR VEHICLE

EMS NotificationTime (first unit)

- (9999) Unknown ROAD VEHICLE
AIR VEHICLE

EMS Arrival Time (first unit)

- (9998) EMS cancelled or did not arrive ROAD VEHICLE
 (9999) Unknown AIR VEHICLE

EMS Departure Time To

Treatment Facility (transporting unit) ROAD VEHICLE

- (9997) EMS arrived, provided treatment, but did not transport AIR VEHICLE
 (9998) EMS arrived, but was not used
 (9999) Unknown

EMS Arrival Time At Treatment Facility

- (9999) Unknown ROAD VEHICLE
AIR VEHICLE

EMS Type

- | | FIRST UNIT | TRANSPORTING UNIT |
|-------------------------------|------------|-------------------|
| (01) Fire department | _____ | _____ |
| (02) Rescue squad | _____ | _____ |
| (03) Police department | _____ | _____ |
| (04) Trauma unit | _____ | _____ |
| (05) Disaster unit | _____ | _____ |
| (06) Ambulance service unit | _____ | _____ |
| (07) Hospital | _____ | _____ |
| (08) Mortuaries/funeral homes | _____ | _____ |
| (98) Other, specify: _____ | _____ | _____ |
| (99) Unknown | _____ | _____ |

EMS Care

- | | ON-SCENE | DURING TRANSPORT |
|--|----------|------------------|
| (01) No care administered | _____ | _____ |
| (02) First aid | _____ | _____ |
| (03) Resuscitation | _____ | _____ |
| (04) CPR | _____ | _____ |
| (05) Emergency cardiac care | _____ | _____ |
| (06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG) | _____ | _____ |
| (07) Emergency burn care | _____ | _____ |
| (08) Combination of above, specify: _____ | _____ | _____ |
| (98) Other, specify: _____ | _____ | _____ |
| (99) Unknown | _____ | _____ |

STOP WORK HERE VARIABLES 66-74 TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 02

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0268. 2nd Medically Reported Cause of Death 0269. 3rd Medically Reported Cause of Death 02

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 01

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given (specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 3

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

BEST AVAILABLE COPY
Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>7</u>	6. <u>7</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>162</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

[illegible]

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs,</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		The exceptions to this rule apply to:	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion	Abbreviated Injury Scale	
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration	(1) Minor Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(2) Moderate Injury	
(5) Skeletal (includes joints)	(10) Amputation	(3) Serious Injury	
(6) Head - LOC	(20) Burn	(4) Severe Injury	
(9) Skin	(30) Crush	(5) Critical Injury	
	(40) Degloving	(6) Maximum (untreatable)	
	(50) Injury - NFS	(7) Injured, unknown severity	
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA

INJURY SOURCE

DIRECT/INDIRECT INJURY

CONFIDENCE LEVEL

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

INJURY SOURCES

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object (specify):

 (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):

 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):

 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):

 (155) Head restraint system
 (160) Other occupants (specify):

 (161) Interior loose objects
 (162) Child safety seat (specify):
Belt webbing
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (171) Air bag-driver side and eyewear
 (172) Air bag-driver side and jewelry
 (173) Air bag-driver side and object held
 (174) Air bag-driver side and object in mouth
 (175) Air bag compartment cover-driver side
 (176) Air bag compartment cover-driver side and eyewear
 (177) Air bag compartment cover-driver side and jewelry
 (178) Air bag compartment cover-driver side and object held
 (179) Air bag compartment cover-driver side and object in mouth
 (180) Air bag-passenger side
 (181) Air bag-passenger side and eyewear
 (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
 (184) Air bag-passenger side and object in mouth
 (185) Air bag compartment cover-passenger side
 (186) Air bag compartment cover-passenger side and eyewear
 (187) Air bag compartment cover-passenger side and jewelry
 (188) Air bag compartment cover-passenger side and object held
 (189) Air bag compartment cover-passenger side and object in mouth
 (190) Other air bag (specify)

 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):

 (409) Additional or relocated switches, (specify):

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
 (452) Outside hardware (e.g., outside mirror, antenna)
 (453) Other exterior surface or tires (specify):

 (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
 (502) Hood edge
 (503) Other front of vehicle (specify):

 (504) Hood
 (505) Hood ornament
 (506) Windshield, roof rail, A-pillar
 (507) Side surface
 (508) Side mirrors
 (509) Other side protrusions (specify):

 (510) Rear surface
 (511) Undercarriage
 (512) Tires and wheels
 (513) Other exterior of other motor vehicle (specify):

 (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
 (598) Other vehicle or object (specify):

 (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
 (602) Flying glass
 (603) Other noncontact injury source (specify):

 (604) Air bag exhaust gases
 (697) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

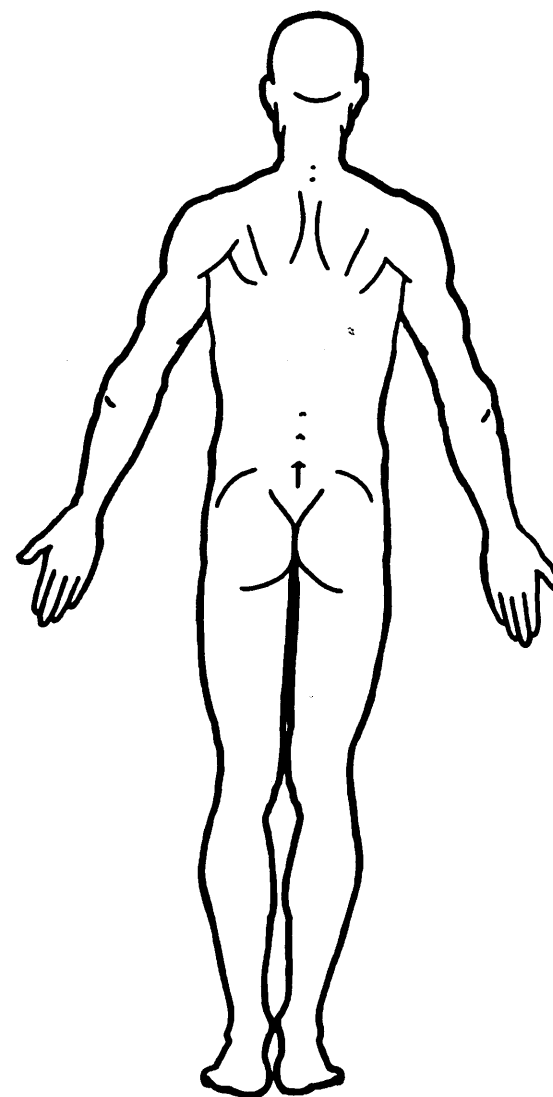
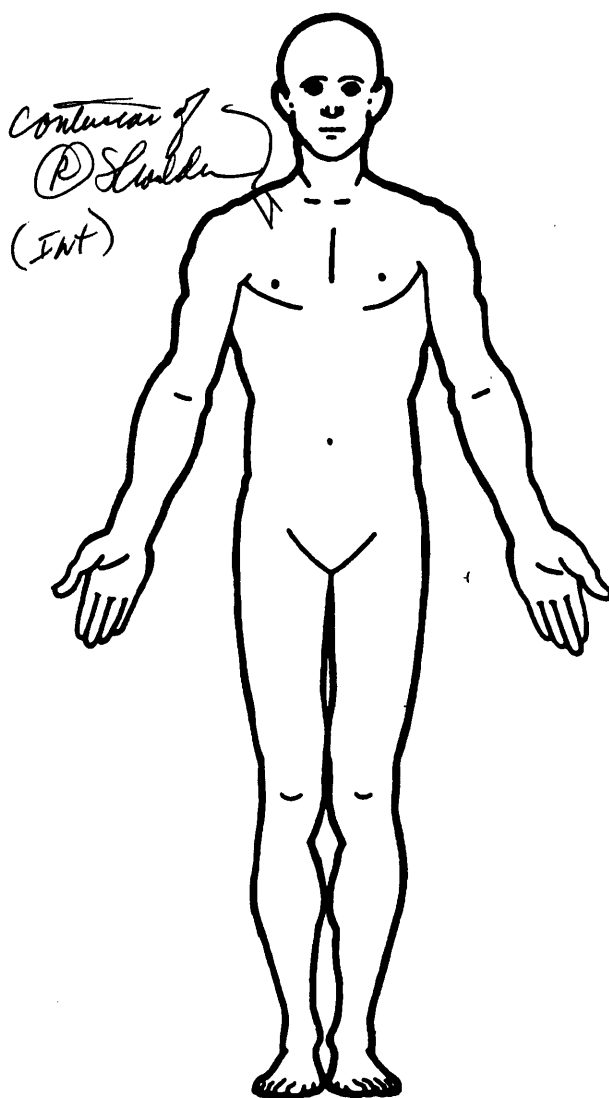
Arterial Blood Gases

pH = ___

PO₂ = ___

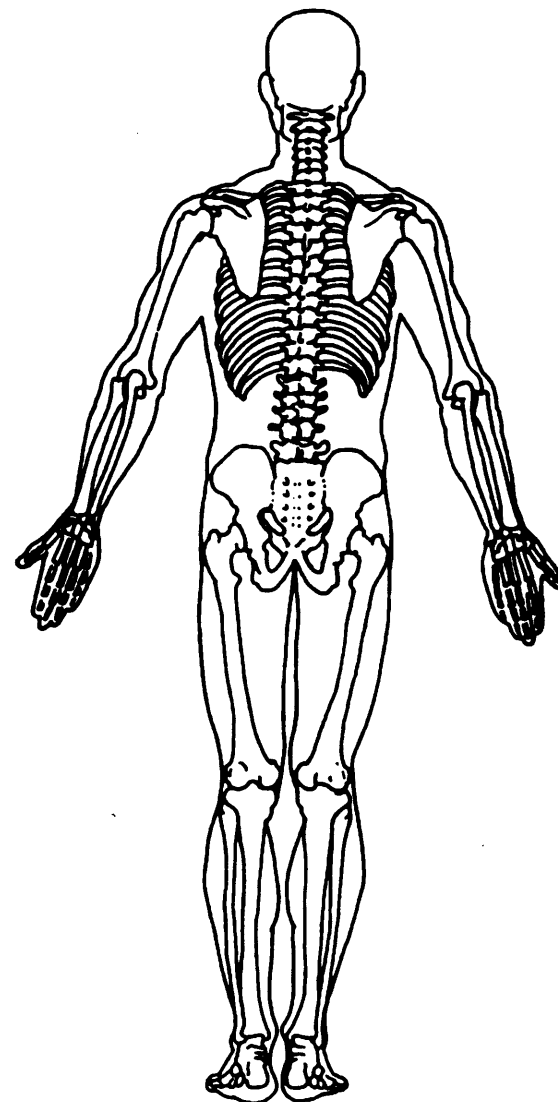
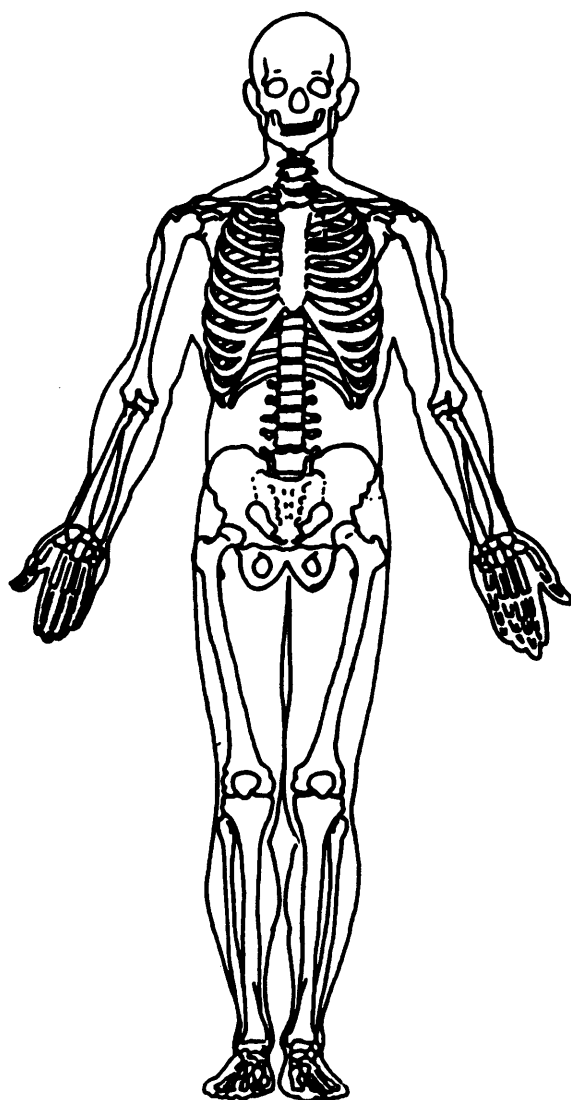
PCO₂ = ___

HCO₃ = ___



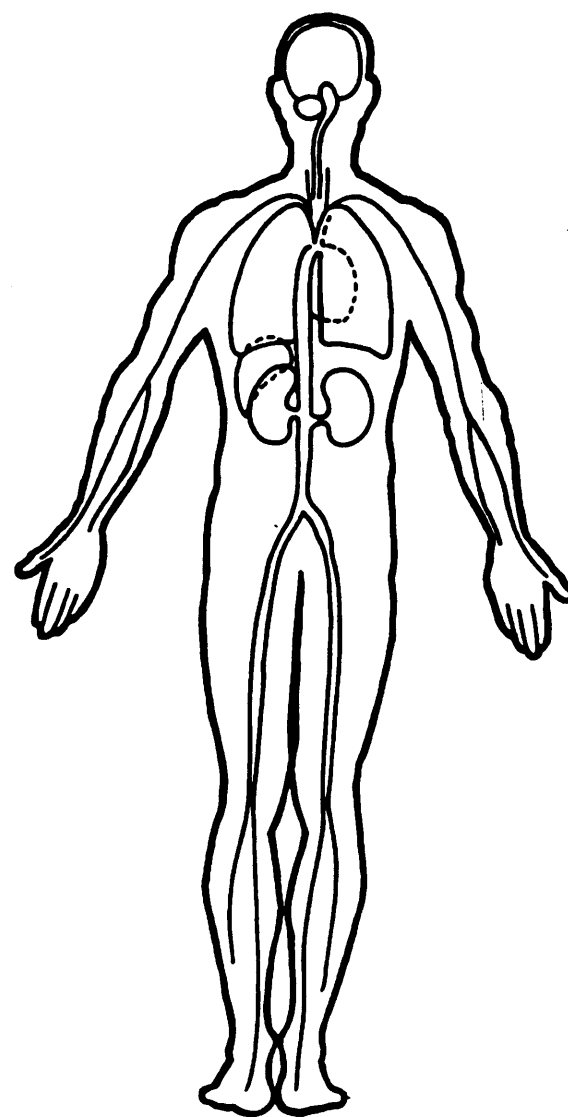
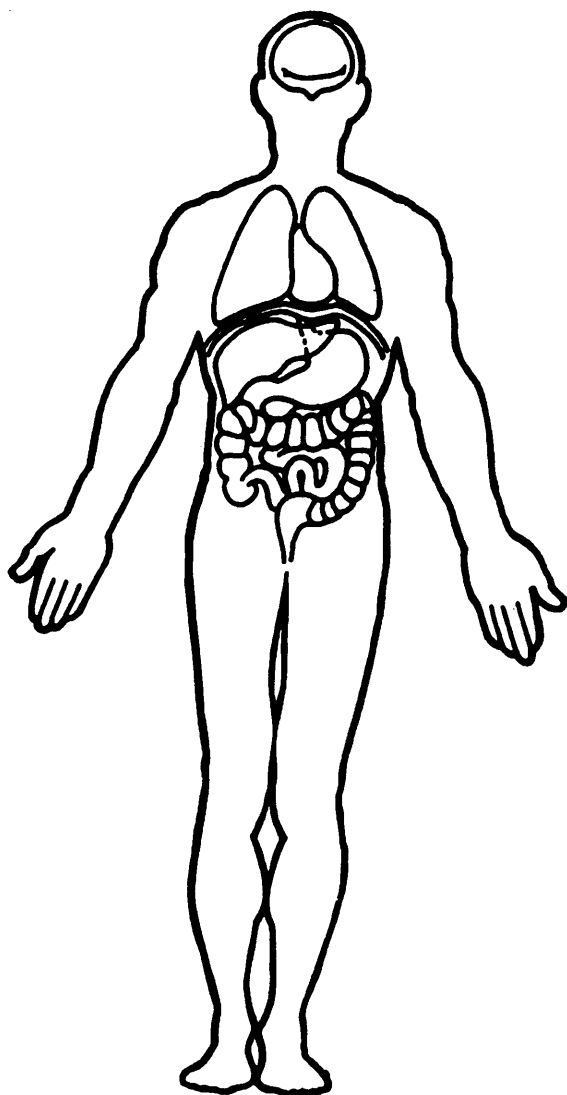
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



BEST AVAILABLE COPY

MSP FORM #1 (1/93)

MSP - CENTRAL RECORDS DIVISION COPY

1996

4s. OFFENSE/INCIDENT

Accident

5s. NAME LAST, FIRST, MIDDLE

6s. DATE ORIGINAL REPORT

7s SUPPLEMENT STATUS: CON'T. ☒ FOLLOW-UP ☐

8s. IF MULTIPLE CLEARANCE, LIST CC NUMBERS

NARRATIVE:

DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION. CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC. ENTER ANY ADDITIONAL INFORMATION. DO NOT SUMMARIZE UNLESS NECESSARY.

9s PAGE NO. 2

10s ARREST DATA

NAME (LAST, FIRST, MIDDLE) DOB

9CI NUMBER, ARREST NUMBER, MISC INFO

11s BLOCK NO

12s

VEH #1 HAD SUSTAINED FRONT BUMPER AND FRONT SUSPENSION DAMAGE FROM STRIKING THE METAL DRAINAGE CULVERT. THE AIR BAG HAD DEPLOYED FROM THE IMPACT. OPERATOR OF VEH #1 HAD FACIAL INJURIES, A POSSIBLE BROKEN LEG, AND WAS SUFFERING FROM DIABETIC SHULERS. WHILE BEING TREATED BY EMS PERSONNEL, PASSENGER, [REDACTED] HAD A BRUISE ON HIS RIGHT SHOULDER AND WAS SEATED IN AN APPROVED CHILD SAFETY SEAT. ROAD IS CONSTRUCTED OF ASPHALT, FREE OF OBVIOUS DEFECTS, AND WAS DRY AT THE TIME OF THE CRASH. VEH #1 HAD SWERVED A/C OF THE ROADWAY INTO THE DRAINAGE DITCH, TRAVELLED IN THAT AREA A SHORT DISTANCE BEFORE STRIKING THE [REDACTED] VEH #1 THEN RETURNED TO ITS LEFT BEFORE COMING TO REST. THERE WAS NO EVIDENCE THAT VEH #1 HAD BRAKED PRIOR TO IMPACT.

WITNESS [REDACTED] STATED THAT SHE WAS FOLLOWING VEH #1, WHICH WAS TRAVELLING VERY SLOWLY, APPROXIMATELY 5 MPH AND WAS WAVING FROM RIGHT TO LEFT CROSSING THE CENTER LINE. VEH #1 THEN SPED UP TO ABOUT 40 MPH AND TURNED RIGHT ONTO [REDACTED] WHERE SHE LOST CONTROL, RAN INTO THE DRAIN PIPE.

WITNESS [REDACTED] STATED THAT SHE WAS ALSO E/OB ON [REDACTED] WHERE SHE SAW VEH #1 TRAVELLING SLOW AND WAVING. VEH #1 THEN SPED UP AROUND THE CORNER INTO [REDACTED] ROAD AND THEN RAN OFF THE ROAD.

SCREENING FACTORS
REVISED
TOTAL

13s

INITIAL
REVISED

A	B	C	D	E	F

14s CASE CONTINUANCE

18s TOTAL FACTORS

15s CASE STATUS

OPEN ☐
EX CLEAR ☐
SUSP. ☐
CLOSED ☒

25s CC NUMBER

17s Distribution:

Cent. Rec. _____
Detective _____
Other _____

18s. INVESTIGATING OFFICER

I.D.

19s APPROVAL

20s. DATE

21s. REPORT REVIEW

22s. REPORTING AREA

23s. REC'D - CENT REC

24s. TELETYPE NUMBER

1995

STATEMENT CONTINUATION WITNESS ☒ SUSPECT

CC#

SUBJECT INTERVIEWED: (PLEASE PRINT CLEARLY)

TYPE OF INCIDENT

NAME:

DATE OF REPORT

ADDRESS:

CRIME LOCATION

PHONE NUMBER

OFFICER(S) NAME:

(PLEASE PRINT STATEMENT WITH BLACK INK PEN OR TYPE)

I was driving East Bound of [REDACTED] Blvd. When a little red Mazda was driving slow and weaving. Then speed up around corner of [REDACTED] Quarters and went off the side of road about 1/2 mile down.

Then the car filled up with something white I thought was smoke. But another gentleman who pulled the little boy out said it smelled like propane.

Statement Concluded: Date [REDACTED] 96 Time [REDACTED] PM.

WITNESS: [REDACTED]

Signature [REDACTED]

WITNESS: _____

STATEMENT CONTINUATION WITNESS ☒ SUSPECT

SUBJECT INTERVIEWED: (PLEASE PRINT CLEARLY)

NAME:

ADDRESS:

PHONE NUMBER (H)

(U)

OFFICER(S) NAME:

CC#

TYPE OF INCIDENT

DATE OF REPORT

CRIME LOCATION

(PLEASE PRINT STATEMENT WITH BLACK INK PEN OR TYPE)

We were heading East Bound on [REDACTED] BLVD
TO [REDACTED] PARK. We were driving a small red
MAZDA /BLACK TOP GOING VERY SLOW APPROX 5 miles
A HR. WEAVING FROM RIGHT TO LEFT CROSSING CENTER,
LINE) STOP, THEN SPED UP TO APPROX 40 miles per hour, MADE
RIGHT TURN ONTO [REDACTED] RD WHERE SHE
LOST CONTROL & RAN OFF ROAD ON DRAIN/STORM PILE.

Statement Concluded: Date [REDACTED] Time [REDACTED]

WITNESS: OFC [REDACTED]

Signature [REDACTED]

WITNESS: _____

63 DR EJECTION

- 01 Not ejected; not trapped
- 02 Fully Ejected
- 03 Partially Ejected
- 04 Trapped

66/70 (DIRECTION) GOING/CONTINU

- 01 North
- 02 South
- 03 East
- 04 West

75 (VEH) BODY TYPE

- 01 Motorcycle
- 02 Automobile
- 03 Station Wagon
- 04 Limousine
- 05 Single Truck 2 axles
- 06 Single Truck 3 axles
- 07 Truck Tractor
- 08 Recreational Vehicle
- 09 Farm Vehicle
- 10 Transit Bus
- 11 Cross Country Bus
- 12 School Bus
- 13 Ambulance/Emergency
- 14 Ambulance/Non-Emergency
- 15 Fire Vehicle/Emergency
- 16 Fire Vehicle/Non-Emerg
- 17 Police Veh/Emergency
- 18 Police Veh/Non-Emerg
- 19 Moped
- 20 Pickup Truck
- 21 Van

78 COMM BODY TYPE

- 01 Bus
- 02 Van/Encl. Box
- 03 Truck-Tractor
- 04 Cargo Tank
- 05 Flatbed
- 06 Dump
- 07 Concrete Mixer
- 08 Auto Transporter
- 09 Garbage/Refuse

80 (VEH) MOST HARMFUL EVENT

- Collision With:
- 01 Other Motor Vehicle in Transport
 - 02 Parked Motor Vehicle
 - 03 Pedestrian
 - 04 Bicycle
 - 05 Other Pedalcycle
 - 06 Other Conveyance
 - 07 Railway Train
 - 08 Animal
 - 09 Fixed Object
 - 10 Other Object
- Non-collision:
- 11 Overturn
 - 12 Spilled Cargo
 - 13 Jackknife
 - 14 Separation of Units
 - 15 Other Non-collision

82-1/2/3/4 CONTRIB CIRCUMSTANCEDriver/Ped/Cyclist

- 01 Under influence of drugs
- 02 Under influence: alcohol
- 03 Under infl. of medication
- 04 Under combined influence
- 05 Physical/ment. difficulty
- 06 Fell asleep, fainted, etc.
- 07 Failed to give full time and attention
- 08 Did not comply with license restrictions
- 11 Fail: yield right of way
- 12 Fail to obey stop sign
- 13 Fail: obey traffic signal
- 14 Fail: obey oth traf contr
- 15 Fail: keep right of center
- 16 Fail: stop for school bus
- 17 Wrong way on one way road
- 18 Exceeded speed limit
- 21 Too fast for conditions
- 22 Followed too closely
- 23 Improper turn
- 24 Improper lane change
- 25 Improper backing
- 26 Improper passing
- 27 Improper signal
- 28 Improper parking
- 29 Interference/Obstruction by passenger

Ped/Cyclist ONLY

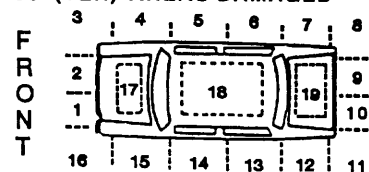
- 31 Illegally in roadway
 - 32 Bicycle violation
 - 37 Clothing not visible
- Environment
- 41 Smog, smoke
 - 42 Sleet, hail, freeze, rain
 - 43 Blowing sand, soil, dirt
 - 44 Severe crosswinds
 - 45 Rain, snow
 - 46 Animal
 - 47 Vision obstruction (incl. blinded by sun or lights)

Vehicle

- 51 Brakes
 - 52 Tires
 - 53 Steering
 - 54 Lights
 - 55 Windows/windshield
 - 56 Wheel (s)
 - 57 Trailer coupling
 - 58 Cargo
- Road
- 61 Wet
 - 62 Icy or slushy
 - 63 Debris or obstruction
 - 64 Ruts, holes, bumps
 - 65 Road under const/maint.
 - 66 Traffic control device inoperative
 - 67 Shoulders low, soft, high

84 (VEH) TOWED VEHICLES

- 01 1 Semi Trailer
- 02 1 Semi + 1 Full Trailer
- 03 1 Full Trailer
- 04 2 Full Trailers
- 05 3 Trailers
- 06 Automobile
- 07 Utility Trailer
- 08 Boat Trailer
- 09 Camper
- 10 Travel/Home Trailer
- 11 Mobile Home
- 12 Farm Equipment

**87/88 FIRST/MAIN IMPACT PTS
90 (VEH) AREAS DAMAGED**

- 17 Hood
- 18 Roof/Top
- 19 Trunk
- 20 Windshield
- 21 Windows
- 22 Underside
- 23 Overturn (overall)

94 (VEH) DAMAGE EXTENT

- 01 No Damage
- 02 Superficial or Minor
- 03 Functional
- 04 Disabling
- 05 Destroyed

98 SEAT POSITION

- 01 Driver/MCycle Operator
- 02 Center Front Seat
- 03 Right Front Seat
- 04 Left Rear/MC Passenger
- 05 Center Rear Seat
- 06 Right Rear Seat
- 07 Other Seat IN Vehicle
- 08 In Cargo Area
- 09 OUTSIDE Vehicle

100 SEX

- 01 Male
- 02 Female

102 SAFETY EQUIPMENT USE

- 01 None
- 11 Lap Belt Only
- 12 Shoulder Belt Only
- 13 Shoulder/Lap Belt (s)
- 14 Child/Youth Restraint
- 21 MC/Bike Helmet
- 22 MC/Bike Eye Shield Only
- 23 MC/Bike Helmet & Shield
- 31 Air Bag (Only)
- 32 Air Bag & Belt (s)

103 EQUIPMENT PROBLEMAdult/Youth Restraint

- 01 No Misuse/Problem (Use OK)
 - 11 Belt (s)/Anchor (s) Broke
 - 13 Belt (s) Misused
 - 31 Air Bag Failed to Deploy
- Child Restraint
- 42 Facing Wrong Way
 - 43 Not Anchored Right
 - 44 Anchor Not Secure
 - 45 Not Strapped Right
 - 46 Strap/Tether Loose
 - 47 Size/Type Improper

104 PASS INJURY SEVERITY

- 01 Not injured/not known
- 02 Possible injury
- 03 Inj.—not incapacitated
- 04 Disabled (Incapacitated)
- 05 Fatal

105 EJECTION

- 01 Not ejected; not trapped
- 02 Fully Ejected
- 03 Partially Ejected
- 04 Trapped

RECEIVED

1997

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FORM NO. 3541 - 11-80 REV-1

PATIENT NAME		PHONE NO.		ADMIT DATE	ADMIT TIME	DISCHG DATE	NUR STATUS		NUR NAME		
STREET		APT. NO.		ACCOUNT NUMBER		ACCOMMODATION		HOSP SERV		BIRTH DATE	
CITY	STATE	ZIP CODE	COUNTY	RELIGION	CIT	BIRTHPLACE	SSN	ISNK	PRIOR ADMIT DATE	ADM SOURCE	ADM CL
MOTHER'S MAIDEN NAME			FATHER'S NAME			INFORMATION GIVEN BY			SPEC. INDICATOR		
ATTENDING PHYSICIAN'S NAME			RESIDENT PHYSICIAN'S NAME			PHYS CODE		P.O. NUMBER		PHONE	VA
GUARANTOR'S NAME			STREET			APT NO.		CITY		ST.	
ZIP CODE			PHONE			REFERRING PHYSICIAN'S NAME		NO. OF INS.		F.P.	
EMERGENCY CONTACT NAME, ADDRESS, PHONE, RELATIONSHIP			NOK NAME, ADDRESS, PHONE, RELATIONSHIP			REFERRING PHYSICIAN'S NAME, ADDRESS, PHONE					
SPOUSE			SPOUSE								
INSURANCE NAME		POLICY / CLAIM / MEMBER # / GROUP #		EFFECT. DATE	EXP. DATE	CARDHOLDER'S NAME					
CARDHOLDER'S EMPLOYER		PLAN CODE		CARDHOLDER'S BIRTHDATE		RELATIONSHIP TO PATIENT					
WORKMAN'S COMP. CARRIER		EMPLOYER (WHERE INJURY OCCURRED)				CLAIM NO.					
GUARANTOR EMPLOYER'S NAME, ADDRESS, PHONE, OCCUPATION						PATIENT / SPOUSE EMPLOYER'S NAME, ADDRESS, PHONE, OCCUPATION					
TRAUMA						PROV CODE		EST-LENGTH OF STAY		PREVIOUS ADMISSION: <input type="checkbox"/> OP <input type="checkbox"/> IP <input type="checkbox"/> P <input type="checkbox"/> SP	
REMARKS NO SS# TO EVS											

CONSENT TO MEDICAL CARE AND TREATMENT: I CONSENT TO HOSPITAL CARE ENCOMPASSING ROUTINE DIAGNOSTIC PROCEDURES AND MEDICAL TREATMENT FOR THE PATIENT. FURTHERMORE, IF THE PATIENT IS AN OBSTETRIC PATIENT ADMITTED TO THE HOSPITAL FOR THE DELIVERY OF A BABY, I CONSENT TO HOSPITAL CARE OF THE INFANT ENCOMPASSING ROUTINE DIAGNOSTIC PROCEDURES AND MEDICAL TREATMENT. ☐ TELEPHONE CONSENT

INSURANCE CERTIFICATION AND ASSIGNMENT: I HEREBY CERTIFY THAT THE INFORMATION GIVEN BY ME IN APPLYING FOR PAYMENT UNDER TITLE SIX OF THE SOCIAL SECURITY ACT, BY MY INSURERS, OR BY ANY OTHER THIRD PARTY PAYORS IS CORRECT. I ASSIGN TO THE HOSPITAL ALL HOSPITAL BENEFITS DUE ME UNDER THE TERMS OF SAID POLICIES AND PROGRAMS BUT NOT TO EXCEED THE HOSPITAL'S REGULAR CHARGES FOR SIMILAR SERVICES. I ASSIGN PAYMENT TO THE PHYSICIAN(S) RENDERING MEDICAL SERVICES TO THE PATIENT AND I ASSIGN PAYMENT FOR THE UNPAID CHARGES OF THE PHYSICIAN FOR WHOM THE HOSPITAL IS AUTHORIZED TO BILL IN CONNECTION WITH ITS SERVICES. I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF ANY HEALTH INSURANCE DEDUCTIBLE(S), COINSURANCE, OR ANY OTHER CHARGES INCURRED WHICH ARE NOT PAID BY MY INSURERS OR OTHER THIRD PARTY PAYORS.

MEDICARE AUTHORIZATION: (IF APPLICABLE) I REQUEST PAYMENT OF AUTHORIZED MEDICARE BENEFITS TO THE PATIENT OR ON THE PATIENT'S BEHALF FOR ANY SERVICE FURNISHED THE PATIENT BY OR IN THE HOSPITAL INCLUDING PHYSICIAN SERVICES. I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT THE PATIENT TO RELEASE TO MEDICARE AND ITS AGENTS ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS OR BENEFITS FOR RELATED SERVICES.

RELEASE OF INFORMATION: I HEREBY AUTHORIZE ANY PHYSICIAN, HOSPITAL PHARMACY, INSURANCE COMPANY, EMPLOYER OR ORGANIZATION TO RELEASE ANY INFORMATION REGARDING THE MEDICAL HISTORY, TREATMENT, OR BENEFITS PAYABLE FOR THIS CLAIM TO ANY ORGANIZATION RESPONSIBLE FOR PAYMENT ON THIS CLAIM OR TO ANY PHYSICIAN OR MEDICAL SERVICE ORGANIZATION WHO WILL RENDER CARE TO THE PATIENT AFTER DISCHARGE FROM THE HOSPITAL.

VALUABLES RELEASE: THE HOSPITAL SHALL NOT BE RESPONSIBLE FOR THE LOSS OF OR DAMAGE TO ANY PERSONAL PROPERTY OF THE PATIENT BROUGHT INTO THE HOSPITAL.

GUARANTEE OF ACCOUNT: I HEREBY ACKNOWLEDGE RESPONSIBILITY FOR THIS ACCOUNT AND ASSUME AND GUARANTEE PAYMENT OF ALL HOSPITAL EXPENSES INCURRED DURING THIS ADMISSION. IN THE EVENT A CREDIT (REFUND) BALANCE APPEARS ON THIS ACCOUNT, I HEREBY IRREVOCABLY AUTHORIZE THE HOSPITAL TO TRANSFER AND APPLY SUCH CREDIT ON ANY OUTSTANDING ACCOUNT AT THE HOSPITAL INCURRED BY MYSELF OR MY DEPENDENTS. SHOULD THIS ACCOUNT BE REFERRED TO AN ATTORNEY FOR COLLECTION, THE UNDERSIGNED SHALL PAY ATTORNEY FEES OF TWENTY-FIVE PERCENT (25%) AND COLLECTION EXPENSE. IT IS UNDERSTOOD THAT ALL JUDGEMENTS IN A COURT OF LAW MAY BEAR INTEREST AT THE LEGAL RATE.

THE UNDERSIGNED CERTIFIES THAT HE HAS READ THE FOREGOING AND IS THE PATIENT OR THE PARENT OR GUARDIAN OF THE PATIENT OR IS DULY AUTHORIZED AS PATIENT'S AGENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS. YOUR SIGNATURE DENOTES THE INFORMATION GIVEN BY THE PATIENT, PARENT, GUARDIAN OR AUTHORIZED AGENT IS ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

PATIENT OR RESPONSIBLE PARTY NAME (PRINTED)	PATIENT OR RESPONSIBLE PARTY NAME (SIGNATURE) (SEAL)	RELATIONSHIP
ADDRESS	WITNESS	REASON IF UNABLE TO SIGN: <input type="checkbox"/> MINOR (UNDER 18 YRS.) <input type="checkbox"/> PHYSICAL CONDITION <input type="checkbox"/> MENTAL CONDITION
CITY / STATE / ZIP CODE	DATE / TIME	

MEDICARE LIFETIME RESERVE: WHEN A PATIENT EXHAUSTS THEIR REGULAR HOSPITAL BENEFITS, THEY THEN HAVE THE OPTION TO AUTHORIZE THE USE OF THEIR "LIFETIME RESERVE DAYS", WHICH ARE AVAILABLE UNDER MEDICARE. MEDICARE GIVES THE BENEFICIARY SIXTY (60) LIFETIME RESERVE DAYS. THEY ARE GIVEN ONCE IN A BENEFICIARY'S LIFETIME, AND WHEN THEY ARE EXHAUSTED, CAN NEVER BE RECEIVED AGAIN. WRITTEN PERMISSION IS NEEDED BEFORE A HOSPITAL CAN USE THESE DAYS. IF PERMISSION IS NOT GIVEN, THERE IS A COINSURANCE DUE FROM THE PATIENT (BLUE CROSS, MEDICAL ASSISTANCE, ETC.).

- ☐ YES - I DO WANT TO USE MY LIFETIME RESERVE DAYS. I REALIZE THAT I AM RESPONSIBLE FOR THE COINSURANCE UNLESS I HAVE OTHER INSURANCE AVAILABLE.
☐ NO - I DO NOT WANT TO USE MY LIFETIME RESERVE DAYS. I WILL BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES.

PATIENT'S SIGNATURE	PATIENT'S REPRESENTATIVE SIGNATURE (IF UNABLE TO SIGN)	RELATIONSHIP	DATE
---------------------	--	--------------	------

MEDICAL RECORDS

[REDACTED]

[REDACTED]

DISCHARGE SUMMARY

NAME: [REDACTED] AGE: 29 SEX: F DATE OF ADMISSION: [REDACTED]/96
HOSPITAL #: [REDACTED] STC #: [REDACTED] DATE OF DISCHARGE: [REDACTED]/96

ATTENDING PHYSICIAN:

[REDACTED]

FELLOW:

CHIEF COMPLAINT:

Ms. [REDACTED] is a 29-year-old Caucasian female admitted to the Shock Trauma Center from the scene of a motor vehicle crash. She was reported to be the driver of a motor vehicle that struck a pole. Air bag deployment was noted. At the time of admission, the patient was agitated, uncooperative, and a Glasgow Coma Score of 7.

DISCHARGE DIAGNOSES:

1. Closed head injury.
2. C2 type II odontoid fracture.
3. Left pneumothorax.
4. Tracheocondritis.
5. Diabetes mellitus type I.

PROCEDURES PERFORMED:

1. [REDACTED] Posterior placement of transarticular screws and wires with iliac crest bone graft for C1-C2 fracture.
2. [REDACTED] Emergent cricothyroidotomy.
3. [REDACTED] Conversion of cricothyroidotomy to tracheostomy.
4. [REDACTED] EUA revision of tracheostomy, and T-tube stenting of trachea.

CONSULTATIONS:

1. Neurosurgery.
2. Critical Care Medicine.
3. Anesthesiology.
4. Speech Pathology.
5. Occupational Therapy.

DISCHARGE SUMMARY
PAGE 2

6. Physical Therapy.
7. Otolaryngology.
8. Head and Neck Surgery.

PAST MEDICAL HISTORY:

Diabetes mellitus type I, hypothyroidism. There was no known history of cardiopulmonary disease.

PAST SURGICAL HISTORY:

Past surgeries include bilateral tubal ligation and left eye surgery for presumed diabetic retinopathy.

ALLERGIES:

None known.

MEDICATIONS:

NPH and regular insulin, and Synthroid.

PHYSICAL EXAMINATION:

On admission, this was a slender 29-year-old Caucasian female, agitated and uncooperative. Vital signs: Pulse 120, respirations 16, blood pressure 104/72, temperature 96. HEENT: Normocephalic. Superficial laceration noted over upper lip. Chest: There was bilateral chest expansion, bilateral breath sounds, no wheezing. Heart: Regular rate and rhythm. S1 S2 split physiologically with no murmurs. Abdomen: The abdomen was silent with no masses and it was nondistended. The back was without deformity or signs of obvious trauma. The pelvis was stable. Neurologically, the patient was moving all extremities. Glasgow Coma Score was 7. Extremities: Extremities were non-edematous. Peripheral pulses were present.

ADMITTING LABORATORY:

Hemoglobin was 11.3, WBC 9300, platelet count 215,000, sodium 137, potassium 3.3, glucose 126, BUN 8, creatinine 0.7. Arterial blood gas obtained on 100% oxygen following mechanical ventilation was a pH of 7.37, pO2 492, pCO2 39, base deficit of -1.7. Osmolality was 286.

ADMITTING X-RAYS:

DISCHARGE SUMMARY
PAGE 3

Lateral C-spine showed a type II odontoid fracture. Chest was within normal limits. Pelvis was without fracture. Head CT demonstrated a small left subdural hematoma. Abdominal CT was negative. Thoracolumbar spine films were without fracture or subluxation.

HOSPITAL COURSE:

The patient was admitted from the scene to the trauma resuscitation unit where the patient was initially assessed and resuscitated. Following initial stabilization, the patient was transferred to the neuro trauma unit. Because of the patient's C2 odontoid fracture, the patient was placed in a Roto-Rest bed in cervical traction. Intracranial pressure was managed initially with hyperventilation and osmo therapy. On [REDACTED] the patient was taken to the operating room where she underwent posterior transarticular screws and wiring for her C1-2 fusion. Two days later, the patient was awake, following commands, and appeared well. Was extubated. Initially did well and approximately 15 minutes following extubation, developed progressive upper respiratory obstruction. Could not be re-intubated and emergency cricothyroidotomy was performed. On [REDACTED] the cricothyroidotomy was converted to a fenestrated trach tube. At that time, the patient persisted with upper airway obstruction in inspiration and expiration. On [REDACTED] the patient developed bleeding around her cricothyroidotomy site which was related to the development of granulation tissue. That bleeding persisted and that evening she was taken to the operating room for conversion of her cricothyroidotomy to a formal tracheostomy. At the time of operation, the patient was noted to have tracheitis and chondritis in the area of her cricothyroidotomy. On [REDACTED] the patient returned to the operating room where her trachea and larynx were examined. Procedure included revision of her tracheostomy and placement of T-tube stent into her trachea. On [REDACTED] her tracheostomy was converted to a metal trach.

During her hospital course, the patient's head injury resolved. Initially, she was very impulsive and combative. This improved over time and at time of discharge, she was awake, following commands, communicating her needs.

Because of her diabetes mellitus, her glucose control remained brittle and initially was treated with continuous insulin infusion. This was later converted to NPH and regular insulin which was titrated to adequate glucose control.

During her hospital stay, the patient demonstrated consistent and continued improvement and at the time of discharge is markedly

[REDACTED]
DISCHARGE SUMMARY
PAGE 4

improved from the time of admission and ready for rehabilitation.

COMPLICATIONS:

Postoperative upper airway obstruction requiring cricothyroidotomy.

CONDITION AT DISCHARGE:

At the time of discharge, the patient is awake, alert, and attentive. She communicates her needs by writing and whispering words. Per occupational therapy, her Rancho los Amigos score is a 4-5 and she persists with a significant agitation and perseveration. This is thought to be improving.

Following her spinal cord injury, she remains neurologically intact.

A cranial III nerve palsy which was present on admission has demonstrated improvement. Ptosis has improved and further improvement is expected over the next few months per ophthalmology.

Her upper airway continues to be obstructed in both inspiration and expiration. The T-tube stent remains in place and will need to be removed in the operating room in approximately one week.

At discharge, she has been off the ventilator for some time. A left chest tube placed on admission for a pneumothorax possibly into a line placement was removed on [REDACTED] and that has not been a problem. She remains off the ventilator with good pulmonary function.

Her diabetes is felt to be under good control with NPH insulin morning and evening and morning dose of regular insulin as well.

DISCHARGE INSTRUCTIONS:

The patient remains type I diabetic and will require intermittent insulin for glucose control. It is expected that the current dose of insulin will need to be titrated in response to her variable eating habit.

Her T-tube tracheal stent remains in place and is scheduled for removal on the week of [REDACTED]

She will need to follow up in Neurosurgical Clinic for repair of her C1-2 fusion in early or mid [REDACTED]

[REDACTED]
DISCHARGE SUMMARY
PAGE 5

MEDICATIONS AT DISCHARGE:

1. Synthroid 0.1 mg p.o. daily.
2. Peri-Colace 100 mg p.o. b.i.d.
3. Clonazepam 1.0 mg at HS and 0.5 mg in the a.m. As her agitation is improving, consideration could be given to stopping this medication.
4. She remains on prednisone 25 mg p.o. q.12 hours at the request of otolaryngology. It is expected to stop this medication following removal of her T-tube. The purpose of this medication is to limit the amount of granulation tissue formation.
5. Iron sulfate 300 mg t.i.d.
6. As of [REDACTED] she is on NPH 20 units plus regular insulin 15 units every a.m. and NPH 5 units in the p.m.

ANTICIPATED SURGERY:

The patient will require a return to the operating room at the [REDACTED] for removal of her tracheal T-tube sometime next week.

INFECTIVE STATUS:

The patient is not actively or chronically infected. She remains afebrile.

DISPOSITION:

The patient is being discharged to Kernan Hospital for rehabilitation of her head injury.

Dictated for [REDACTED] Dictated by [REDACTED]

DOCTOR TO PROVIDE FOLLOW UP CARE:

Follow-up care to be provided by neurosurgery and Dr. [REDACTED] from otolaryngology.

PATIENT REFERRED FROM:

D: [REDACTED]

T: [REDACTED]

HISTORY & PHYSICAL

Date [REDACTED] Time 8:30

Team [REDACTED]

Presenting problem: MVC - head on to pole.

History:

20 hit head to pole. ~~unconscious~~
 driver (Pat) bag, minimal damage to
 car. Agitated. uncooperative. No obvious
 external injury.

[History from husband]

Medications:

Leventin D, Synthroid, Boldan D ? Oxy
 (NPH, Reg)

Allergies:

NKDA

Past medical history:

hypothyroidism, SSx insulin diab
 ? Diabetes

Past surgical history:

left eye ? Trauma related ? C-section Penn
 sc

Social History: IVDA

Alcohol

Tobacco

Physical Exam

Appearance: In extreme agitated uncooperative

collared ☒ backboarded ☒

Vitals

Pulse 120 RR(assisted/unassisted) 16

BP 154/72

Temp. 96

HEENT:

Normocephalic Irrawadi

Sup. Lac on upper inner lip.

Chest:

Bilateral chest expansion Bilateral breath
 sounds @ wheezing

CV:

S₁ S₂ @ murmur

Abdomen:

IBS unable to assess tenderness
 abdominal exam

Rectal:

def no mel

Back:

unable to assess tenderness

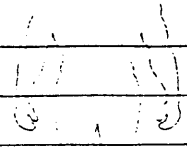
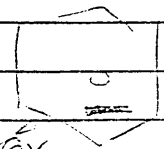
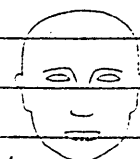
Pelvis:

unable to assess tenderness

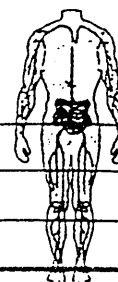
Neurologic: LOC (+/-) GCS=

(Motor=4 Verbal=2 Eyes=1)

Agitated uncooperative



HISTORY & PHYSICAL



Extremities: FROMX4 Peripheral pulses equal & heurter.

Lat c-spine: 2 odontoid fx

Chest (→,↑): WNC

Pelvis: 0 fx

Head CT: minimal L parietal temporo-subdural hemo.

Abd CT: superior mesenteric artery aneurysm

Others: T & L spine = 0 fx 0 rib fracture

Current CT: 0 injury 0 lung contusion atelectasis

ABG on 100% 7.37 492 39/100/17 | 22
 Urine dipstick 0
 PT (11.3) PTT (123) Osmo 285

Other: PHOG Fine. Haptoglobin 1.2

ECG: latch on a 24

Assessment & Plan:

Respiratory: On new setting of F10250 PEEP 5 Bar set 16
Tidal vol ASD

Cardiovascular: stable

Neuro: continuous monitoring, reduction of edema
fx

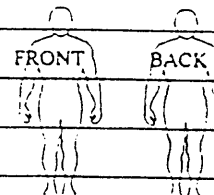
GI/Abdomen: stable

Renal/Metabolic: latch

Hematologic: latch

Infectious: None

Wounds/Injuries: None



Summary status: 25 yr old M with lto

hematopoietic, dorsal view of head on to post
with minimal subdural hemo, 2 mm-deep
pilonoid fx

Signature: _____ Date: _____ Time: _____
 Attending: _____

PROGRESS NOTES

DATE	TIME
Mo. / Day / Year	24 HOUR

1/96	0930	Critical Care Admission Note
		27 YO - F ADMITTED TO SIC AFTER BEING INVOLVED IN AN MVA. SHE WAS AGITATED AND UNCOOPERATIVE. SHE WAS INJURED ON ARRIVAL. EVALUATION IDENTIFIED A SOX ⁰ AND AN ODDIFIED FR. SHE HAD THE FEMURAL REDUCED-TRACTION ON STAPLER FRAME AND HAD RENT. CURRENTLY SHE IS IN SIC TRACTION. A CATHETER PRESSURE MONITOR WAS PLACED IN INFILTRAL PRESSURES OF 22. SHE IS TRANSFERRED TO UNIT FOR FURTHER MANAGEMENT.
		PMH - IDDM; HYPOTHYROIDISM
		MEDS - INSULIN, SYNTHROID, SEROQUEL, OLANZAPINE
		PSYCH - BTL; @ SUE SUTTON
		PE - GR - THE LF INJURED
		VITALS 99° 150/60 96 /6 ICP-7 CPH-92
		LABENT. (1) 2-24 7m (10) 3m
		WINGS - CASSID 55
		W - RR
		ABD SCANS BOWEL SOUNDS SOFT
		EXAM. MOVES ON FOUR; PULSED 20 THROBULATIONS.
		WOUND - FT
		WASH. 7.49/25/454 ON 14700/1008/15/P520
		11.8/33.5 (21) 17.5/12 135/106/260 3.8/20/910.7
		Lactate 2.1
		(CONT)

PROGRESS NOTES

DATE Mo. / Day / Year	TIME 24 HOUR	
6/6	0440	CC AM NITE (CONT)
		A/P S/P MVA
		Neuro-FT; - does not open eyes; localizes well.
		- C/S EYES - LOW GRASSY FURTHER IN MOTOR FUNCTION
		V - HEMODYNAMICS STABLE
		PUMP - OXYGENATED NOW
		NEUROSURGERY REQUEST HYPERVENTILATION
		ID - NO ACTIVE ISSUES
		HEME - LABS OK
		FEN - NPO FOR NOW
		- VRES OK
		- MANNITOL FOR OSMD < BOD
		PROPHYLAXIS - (ENDORPHIN)
		ZANTAC
		CARAFATE.

CONSULTATION REPORT

To: (Consultant and/or Service)

Reason for Requested Consultation

S/p ① POST-EXTUBATION UPPER AIRWAY OBS
② CRICOTHYROIDOSTOMY

Date

SIGNATURE OF REQUESTOR

Consultants' Note

Date

-96 Time

11:09 (K)AM ()PM

③ PERSISTANT OBSTRUCTION

As above. 27 y.o. W♀ s/p MVC ± C-spine fx
underwent emergent cricotracheostomy. Attempts to
decanulate pt. have been unsuccessful as pt.
obstructs. pt. had episode of bleeding through &
stoma x; today, hemostasis via tamponade

O/E intubated, limited compliance to commands

FEEL: diffuse supraglottic edema
landmarks not visible

STOMA: (+) peristomal leme - clots. & active
bleeding

VIEW through stoma: mild posterior
tracheal excoriation

A: ① supra glottic edema

② suction trauma posterior trachea

RECOMMEND: ① supraglottic edema can be treated &
decahron 10 mg i.v. Q6h if not contraindicated. Do not
expect immediate resolution as it is probably long-standing.

CRICOTHYROIDOSTOMY SHOULD BE CONVERTED TO TRACHEOSTOMY AS SOON AS
POSSIBLE

② use only soft red rubber catheters

for future suctioning - always ± saline wettt

③ Avoid fenestrated trach tubes

SIGNATURE

CONSULTATION REPORT

Telephone Request ()

To: (Consultant and/or Service)

Reason for Requested Consultation

Date

MVA Head Injury

SIGNATURE OF REQUESTOR

Consultants' Note

Date

11/16/96

Time

830

() AM

(X) PM

~25 yo f in MVA found combative at the scene.
 Partially opening eyes, but screaming and flailing
 her extremities to stimulus.

PMH: ?

152

Head: no gross step off, two clean
 marks in hard collar.

f open eyes

f follow commands

pupils 3mm @, nonreactive, 4mm irregular @.
 @ corneals.

Screening to painful stimulus.

localizes briefly @ UE

Moves all extremities spontaneously.

AIR Trauma w/o STAT head CT. Further
 decisions to follow results.

 OF CONSULTANT

CONSULTATION REPORT

Telephone Request ()

To: (Consultant and/or Service)

Reason for Requested Consultation

SIGNATURE OF REQUESTOR

Consultants' Note

Date

Time

() AM () PM

DCSD - Speech/Language

* Discussed appropriateness of evaluation & nursing.
 It was decided that SLP would initiate services
 at a later date (i.e. pt. is ^{able to} desire to indicate basic wants/
 need, &/or when pt. track^{ed}). SLP to monitor & speak
 in team re: appropriateness of cog/ling & ltx.

SIGNATURE OF CONSULTANT

INFECTIOUS DISEASES CONSULTATION

DATE OF ADMISSION: _____

DATE OF CONSULT: _____ 96

Signature of Requestor _____

Reason for Requested Consultation: _____

FEVER

I. TRAUMA: MVA PEDESTRIAN GUNSHOT WOUND ASSAULT FIRE MOTORCYCLE

FALL STAB DROWNING INDUSTRIAL NECROTIZING FASCIITIS OSTEOMYELITIS

WOUND INFECTION OTHER: _____

INJURIES: CLOSED / OPEN HEAD min SDT CSF LEAK INTRAVENTRICULAR CATHETER/CAMINO GCS

CLOSED / OPEN FACE CLOSED / OPEN SPINE

CLOSED CHEST PNEUMO / HEMO CHEST TUBE ASPIRATION

BLUNT ABDOMEN MINI-LAP PENETRATED ABDOMEN SPLENECTOMY / PNEUMOVAX

CLOSED / OPEN PELVIC FRACTURE BLADDER INJURY RETROPERITONEAL HEMATOMA

CLOSED FRACTURES: C2 odontoid OPEN FRACTURES: EXTREMITY INJURY: Neuro Intact

VASCULAR INJURY: GRAFT SHOCK / ARREST

III. PROPHYLACTIC ANTIBIOTICS: IV. STEROIDS V. MASSIVE TRANSFUSION

Ancef x 2 doses

FAMILY HX: _____

+ ROS: _____

VII. MEDICAL HX: ETOH SUBSTANCE ABUSE MEDICATIONS:

1 DDW
1 H₂O₂ and

ALLERGIES: NONE UNKNOWN YES (DESCRIBE) _____

VIII. PHYSICAL FINDINGS: _____

Intubated, sedated. ⊕ Fc, ⊕ eye opening. ⊕ localized.

Hemodynamically stable

Thick white pulm. secretions. ABG acceptable. BS ↓ in bases.

Blood sugars have been rather labile during night.

Tot. TFs @ 80 ml/hr. Abd. soft, ⊕ BS.

w/o adequate.

Imp: suspect early pulm. infection

Rec: TMP/SMX elixer. 20 ml / QID BID
continue pulm. toiletsputum Cx =
normal flora and
hvy. growth haemophilus
GSE mod. PMN, hvy GN

Signature of Consultant _____

CONSULTATION REPORT

To: (Consultant and/or Service)

Reason for Requested Consultation

Date

SIGNATURE OF REQUESTOR

Consultants' Note

Date

Time

() AM ☒ PM

28 YO WF sp C1-C2 cervical fusion for type II odontoid
fx 20 MVA. Pt. was belted driver whose car hit a pole,
AIRBAG DEPLOYED + Pt. SUFFERED ODONTOID FX, ~~TO PTEX~~ + CHI w/
SMALL (C) TEMPORAL SDH. SINCE ADMIT PT. HAS DEVELOPED
TRACHEOBRONCHITIS (w/ TRACH VIA CUSHING TUBES), (C) PTEX &
CT EVIDENCE OF SINUSITIS w/ LOW GRADE FEVER.

7/5 Pt. DISCOVERED TO HAVE LESION? PRESUME ULCER ON POST. HEAD.
PLASTIC CONSULTER RE: POST. HEAD LESION. NO PRESUME ULCER.

PHYSIC: HYDROTHORAX, 100M PHYS: ? C-SECTION, BTL.

AC: NKDA MED: STATINOID 0.1 QD, LATUNGE 60 QD, BACTEM EXTRA 200 QID
CONFIRM, PERMANENT; INSULIN 5TH

PEX: AFB, JSS. FOLLOWS COMMANDS, ~~ANSWERS~~ ANSWERS SOME QUESTIONS BT
'IMMEDIATE' WORDS. TRACH, CLOAN (CERVICAL). SITTING IN CHAIR.

POST SCALP: (MIDLINE OCCIPITAL). ~4cm DIA, CIRCULAR, EUTHELMATIC,
FRIABLE, RAISED (2mm), TENDER LESION w/ EYEL which was
DENIED REVEALING PINK/ERYTHEMATOUS FRIABLE LESION.

WARMTH, PAIN, PUS, ULCERATION.

IMP: 28 YO WF sp C1-C2 cervical fusion w/ EXTENDED BEDREST PRIOR TO
SURGERY w/ HAD & ON ROD-NECK BED w/ NEWLY DISCOVERED

LESION ON POST. SCALP. WHICH PT. STATED N "GOLD" ? GROWTH VS. PRESUME ULC.

PEX: - BACTEMAXIN & STERILE GAUZE BID TO SCALP LESION.

- WILL O/W PLASTIC TEAM RE: GROWTH VS. PRESUME ULCER &
POSSIBLE NEED FOR BK.

ATTENDING: 3X3cm PARTIAL THICKNESS PRESSURE
ULCER POSTERIOR SCALP. SUBQD HEAL
SPONTANEOUSLY - MAY HAVE ESSENTIAL
ALOPECIA @ SITE
REF: A FURTHER FURTHER PRESSURE MEDICAL RESERVATION 7/10

SIGNATURE OF CONSULTANT

CONSULTATION REPORT

Casell
N Chunks

OPHTHALMOLOGY

To: (Consultant and/or Service)

Reason for Requested Consultation

DIABETIC RETINOPATHY / POST-TRAUMA
PTOSIS

Date

SIGNATURE OF REQUESTOR

Consultants' Note

Date

Time

() AM () PM

Ho Diabetic
sp laser
surgical
by pregnancy

28 y o w f c DM, hypothy, s/p MVA c small c

temporal subdural bleed (196), s/p C-2 fusion

CC: Clo diplopia

VA 20/50 (poor effort / pt unable to talk)

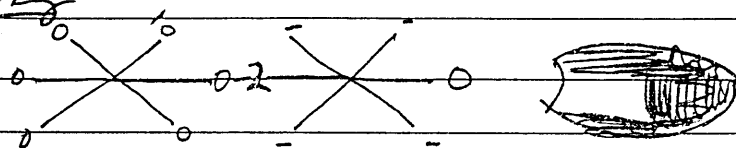
Pupils 5 mm fixed, sl. irreg

Pupils 2 mm 5 mm irreg

(+) Full ptosis OS

Post - "Laser" Ex

Post - DM outnarrow



C - clear

K - clear

V₁ - intact

A/C - quiet

Lens - normal

V₂ - intact

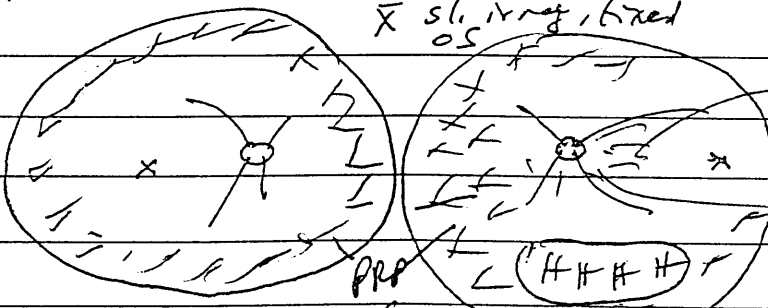
TR - 14

iris - traumatic

Cornea (+)

OS - sl. irreg, fixed

DFF



retinal edema

vitreous haze

ALD CN III palsy (incomplete) c pupillary involvement.

- recommend MRI as pupillary involvement can be seen c compressive lesion. CN III palsy from trauma often resolves in months.

(2) DM c PDR now c vitreous haze with RBC c DR stable

Agree assessment & plan

CONSULTATION REPORT

Telephone Request ()

Newer - payc
To: (Consultant and/or Service)

Reason for Requested Consultation

S/p CHI

Date

SIGNATURE OF REQUESTOR

Consultants' Note

Date

Time

() AM () PM

196 H01 Patient is 29 year old WF admitted 196 following MVC. Admitted GCS 7. CT revealed meningitis (1) temporal SDH. Also suffered nondisplaced fracture of humerus & radius, C1-2 fracture. Course has been complicated by pneumonia, labile glucose, other metabolic abnormalities. Also had (2) CN III palsy. Has required trach / trach revision. Asks to be sent for evaluation of cognitive / behavioral status following TBI. Evaluation initially attempted 196 but patient became agitated / restless after 10-15 minutes and was D/Cd. Brief education provided to patient's father at that time. Have monitored patient since then and staff have reported persisting confusion and periodic agitation. Sent today for re-assessment.

PMH Diabetes since childhood with reported episode DKA age 13. Apparent seizure 4-5 years ago (found unresponsive, per pt.), x 1 Tegretol per chart. SH Married, lives with husband and 5 year old son. Completed 2 years college, 3 years nursing school, holds RN. Employed as float pool OB nurse at PSH. No hx substance abuse & arrest. In psych. Reports was happy before MVC with family, job, situation.

SIGNATURE OF CONSULTANT

CONSULTATION REPORT

Telephone Request ()

To: (Consultant and/or Service)

Reason for Requested Consultation

Date

SIGNATURE OF REQUESTOR

Consultants' Note

Date

Time

() AM () PM

HSE On examination today patient is alert and OX3. Track in place but is able to verbalize adequately for communication. Cooperative, pleasant, asking questions re: rehabilitation. No clinically evident signs of frank depression or anxiety. Denies psychiatric symptoms or subjective anxiety but reports "spits or 'get angry'" thought re cognitive status is evolving. Agreeable to rehabilitation.

NP SCREEN Screen reveals marked impairment of sustained attention/mental tracking (Trail Making Test), mild/moderate impairment of recent memory (WAIS-R Logical Memory, Paired Reproduction) and mild impairment of verbal reasoning/social judgment (WAIS-R Comprehension). Her approach to problem solving task is marked by impulsivity and concreteness.

IMPRESSION (1) Closed head injury, severe (GCS 7, OPA = 1 month), BTA now resolved

(2) Cognitive disorder NOS 2041

REC / PLAN (1) Agree with plan for inpatient rehabilitation in TBI program

(2) If patient remains in hospital

SIGNATURE OF CONSULTANT

CONSULTATION REPORT

393

Telephone Request ()

To: (Consultant and/or Service)

Reason for Requested Consultation

Date

SIGNATURE OF REQUESTOR

Consultants' Note

Date

Time

() AM

() PM

REC/PLAN (CONT) will conduct more extensive examination. Non tolerating 1 hour of evaluation without difficulty.

(3) Encourage use of calendar, clock etc to maintain orientation.

(4) Comprehensive NB testing in inpatient rehabilitation.

(5) Continue to educate family. During coming evaluation have spoke to patient father + husband.

(6) Patient work as RN. Her neuropsychologist status should be reviewed before attempt to return to work.

Thank you.

SIGNATURE OF CONSULTANT

[REDACTED]
Shock Trauma Center

OPERATIVE REPORT

NAME OF PATIENT:
STC #:
HOSPITAL #:
DATE OF PROCEDURE:

[REDACTED]
[REDACTED]
[REDACTED] 97
[REDACTED] 96

SERVICE:
ATTENDING:
FELLOW/RESIDENT:

NEUROSURGERY
[REDACTED], M.D.
[REDACTED], M.D.

ANESTHESIOLOGIST:
NURSE ANESTHETIST:
ANESTHESIA:

[REDACTED], M.D.
[REDACTED], C.R.N.A.
[REDACTED]

PREOPERATIVE DIAGNOSIS:

TYPE II, ODONTOID FRACTURE.

POSTOPERATIVE DIAGNOSIS:

SAME.

OPERATION:

POSTERIOR C1-C2 TRANSARTICULAR
SCREWS AND WIRING WITH ILIAC CREST
BONE GRAFT FUSION (RIGHT POSTEIROR
HIP).

ESTIMATED BLOOD LOSS:

150 CC.

BLOOD REPLACED:

DRAINS:

COMPLICATIONS:

NONE. SPONGE AND NEEDLE COUNT
CORRECT.

INDICATION FOR SURGERY: This is a 29-year-old female status post motor vehicle accident who was noted on radiographic examination to have a Type II odontoid fracture. She was stabilized in cervical traction and found to reduce in a slight amount of flexion. Surgery was indicated for stabilization of the patient's C1-2 junction.

PROCEDURE: Following the administration of prophylactic antibiotics, the patient was taken to the operating room and using an awake positioning technique, was turned from her hospital bed onto the operating room table. The halo ring was then attached to the [REDACTED] head rest and using careful technique, the patient was placed in a slight amount of flexion and fluoroscopy confirmed the alignment of C1 and C2. The

OPERATIVE REPORT
PAGE 2

[REDACTED] was then locked into position and the patient's strength was noted to be at her baseline. The patient was then put to sleep and shaved, prepped and draped in the usual sterile fashion. Following the infiltration of subcutaneous local anesthetic, a midline incision was created from 1 cm below theinion to the spinous process of C4. This incision was then carried down through the fascial layer to the spinous process of C2 and intraoperative fluoroscopy was used to confirm the operative level. The occiput, posterior portion of C1, C2 and the posterosuperior portion of C3 were exposed. The exposure of C2 was taken laterally as far as the C2-3 facet joint in order to be able to visualize the entry point for the transarticular screws. C1 was dissected free of soft tissue in order to allow placement of titanium Songer cables in a sublaminar position. Once this cable was passed uneventfully beneath the ring of C1, the procedure for transarticular screw placement was commenced. Fluoroscopy was then used with a radiopaque instrument to determine the entry points in the paraspinous region for the drill which would be used to drill the transarticular screws. These entry points were found to be best placed at approximately T2 level 2.5 cm lateral to midline. A stab wound was created in the skin and drill was passed through the subcutaneous tissue and paraspinous musculature until it exited inside the previously created wound and the tip was then brought to a touchdown point just medial to the C2-3 facet. The drill was then advanced using intermittent fluoroscopy through the C2 cortex through the pars interarticularis through the C1-2 joint and into the C1 body. This was done with a moderate amount of traction was placed on C1 in order to translate it posteriorly. A 40 mm bone screw was then placed in the hole and again fluoroscopically was guided down the track that was created with the drill. A similar approach was then used on the left side to create a hole and subsequently guide a 38 mm screw into position. Both of the transarticular screws were found to be in ideal position with angulation directing the tip of the screw towards the anterior portion of C1. The sublaminar wires were then passed around the inferior portion of the spinous process of C2 and a previously taken iliac crest bone graft which had been shaped into a H shape to rest between the C1 and C2 vertebral bodies was placed between the Songer cables. The cables were then tightened down to approximately 16 inch pounds of pressure and found to be putting an excellent amount of compression on the graft construct. Copious irrigation was applied to both the neck wound and iliac crest graft site, hemostasis was obtained, and the wounds were closed in layers using 0 Vicryl deep sutures, 2-0 Vicryl subcutaneous sutures and staples. Sterile dressing was applied to the wound and the patient was then turned onto the transportation gurney uneventfully.

OPERATIVE REPORT
PAGE 3

The patient was taken to the [REDACTED] for recovery, still intubated and was subsequently found to be moving her extremities at baseline.

1
[REDACTED]
DICTATED FOR [REDACTED], M.D.

[REDACTED]
DICTATED BY [REDACTED], M.D.

7
D: [REDACTED] 96
T: [REDACTED] 96

I was personally present from the initial dissection until the wound was being closed. I participated in the entire procedure during this time

[REDACTED]

DIAGNOSTIC IMAGING REPORT

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE	AGE 20Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED] M.				RESIDENT PHYSICIAN	
ORDERING PHYSICIAN [REDACTED] M.				DATE [REDACTED] 96	

7:45 PM TRA CT CHEST W IV CON
 9:10 PM TRA CT C SPINE W/O CON
 7:20 PM CT RECONSTRUCTION
 9:25 PM TRA CT ABDOMEN W IV CON
 7:35 PM TRA CT PELVIS W IV CON

INDICATION: MVA.

MULTIPLE COMPUTED AXIAL TOMOGRAPHIC IMAGES WERE OBTAINED FROM C7 VERTEBRAL BODY THROUGH THE T2 VERTEBRAL BODY AT 3 MM INTERVALS. IMAGES DEMONSTRATE NO EVIDENCE OF FRACTURE OR SUBLUXATION. THERE IS NO PREVERTEBRAL SOFT TISSUE SWELLING.

CHEST: MULTIPLE COMPUTED AXIAL TOMOGRAPHIC IMAGES WERE OBTAINED FROM THE LUNG APICES TO THE LUNG BASES AT 8 MM INTERVALS WITH THE USE OF 150 CC OF OMNIPAQUE 240 IV CONTRAST.

IMAGES THROUGH THE MEDIASTINUM DEMONSTRATE SOFT TISSUE ANTERIORLY WITHIN THE MEDIASTINUM CONSISTENT WITH RESIDUAL THYMIC TISSUE. THERE IS NO EVIDENCE OF MEDIASTINAL HEMORRHAGE AND THE AORTIC CONTOUR IS UNREMARKABLE.

THERE IS SOFT TISSUE DENSITY SEEN WITHIN THE RIGHT POSTEROLATERAL LUNG BASE REPRESENTING A COMBINATION OF ATELECTASIS AND PULMONARY CONTUSION. IN ADDITION, THERE IS ATELECTASIS AT THE LEFT BASE AS WELL. THERE IS NO EVIDENCE OF PNEUMOTHORAX.

IMAGES THROUGH THE ABDOMEN AND PELVIS WERE OBTAINED AT 8 MM INTERVALS AGAIN WITH THE USE OF 150 CC OF OMNIPAQUE 240 IV CONTRAST. IMAGES THROUGH THE ABDOMEN DEMONSTRATE NO EVIDENCE OF VISCERAL INJURY. THERE IS NO EVIDENCE OF INTRAPERITONEAL FREE AIR OR FREE FLUID. AN NG TUBE IS IDENTIFIED WITHIN THE STOMACH. THERE IS A LARGE FLUID FILLED CYSTIC STRUCTURE WITHIN THE RIGHT ADNEXAL REGION PROBABLY REPRESENTING A RIGHT OVARIAN CYST. THIS MEASURES APPROXIMATELY 4 CM IN GREATEST DIMENSION.

IMPRESSION:

RIGHT PULMONARY CONTUSION WITH BIBASILAR ATELECTASIS.

RIGHT OVARIAN CYST MEASURING APPROXIMATELY 4 CM IN GREATEST DIMENSION.

DIAGNOSTIC IMAGING REPORT

NAME			HISTORY NO.	
SEX	RACE	AGE	ACCOUNT NO.	LOCATION
F		23Y		
ATTENDING PHYSICIAN			RESIDENT PHYSICIAN	
ORDERING PHYSICIAN			DATE	

XX

NO EVIDENCE OF VISCERAL OR MEDIASTINAL INJURY. NO GROSS FRACTURES IDENTIFIED.

MAG/MTS/45

/96

/96

FINALIZED DATE: /96

DIAGNOSTIC IMAGING REPORT

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE	AGE 28Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]				RESIDENT PHYSICIAN [REDACTED]	
ORDERING PHYSICIAN [REDACTED]					DATE [REDACTED] 96

-96 8:20 AM TRA AP CHEST AT BEDSIDE
 -96 8:45 PM TRA SPINE THORACIC
 -96 8:45 PM TRA SPINE LUMBAR AP & LT
 -96 8:45 PM TRA PELVIS

CLINICAL HISTORY: STATUS POST MVA WITH C1-2 FRACTURE.

THORACIC SPINE: LATERAL VIEW OF THE MID AND LOWER THORACIC SPINE REVEALS NO FRACTURE.

LUMBAR SPINE: LATERAL VIEW OF THE LUMBAR SPINE REVEALS NO FRACTURE.

PELVIS: AP VIEW OF THE PELVIS REVEALS NO FRACTURE.

CHEST, [REDACTED]/96, [REDACTED]: AP VIEW OF THE CHEST REVEALS AN ENDOTRACHEAL TUBE, NASOGASTRIC TUBE, AND RIGHT CENTRAL VENOUS LINE. THE LEFT CHEST TUBE IS ALSO SEEN. NO PNEUMOTHORAX IS IDENTIFIED. THE LUNGS ARE CLEAR.

CSW/MTS/44 [REDACTED] 96 [REDACTED] /96

FINALIZED DATE: [REDACTED] 96

DIAGNOSTIC IMAGING REPORT

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE	AGE 23Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]			RESIDENT PHYSICIAN [REDACTED]		
ORDERING PHYSICIAN [REDACTED]				DATE [REDACTED] 96	

[REDACTED] 76 10:30 AM TRA C-SPINE LATERAL ONLY [REDACTED]

INDICATION: SUSPECTED FRACTURE.

CERVICAL SPINE: THE SPINE IS VISUALIZED FROM THE OCCIPUT TO THE C5 VERTEBRAL BODY. THERE IS A TYPE II DENS FRACTURE WITH NO SIGNIFICANT DISPLACEMENT. PREVERTEBRAL SWELLING IS ALSO NOTED. NO OTHER FRACTURES ARE SEEN. LUCENCY PROJECTED OVER THE OCCIPITAL REGION COULD REPRESENT A SKULL FRACTURE. PATIENT IS SEEN WITHIN AN EXTERNAL FIXATOR WITH PRESSURE MONITOR IN THE REGION OF THE FRONTAL LOBES.

KS/MTS/42 [REDACTED] 96 [REDACTED] 96

[REDACTED]
FINALIZED DATE: [REDACTED] 76

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE	AGE 28Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED] M.			RESIDENT PHYSICIAN		
ORDERING PHYSICIAN [REDACTED]				DATE [REDACTED] 96	

DIAGNOSTIC IMAGING REPORT

[REDACTED] 76 8:00 AM TRA AP CHEST AT BEDSIDE [REDACTED]

INDICATION: CHEST TUBE PLACEMENT.

CHEST: THERE IS A SMALL LEFT SIDED PLEURAL EFFUSION WITH SOME ATELECTASIS AND PARENCHYMAL SHADOWING SEEN IN THE LEFT LOWER LOBE. THIS COULD REPRESENT INFECTION ASPIRATION. CONTUSION COULD GIVE SIMILAR APPEARANCES. NO PNEUMOTHORAX IS SEEN. THE RIGHT LUNG IS CLEAR. THE HEART SIZE IS NORMAL. ET TUBE IS AT THE BIFURCATION OF THE TRACHEA. NASOGASTRIC TUBE IS PROJECTED OVER THE STOMACH. LEFT SUBCLAVIAN LINE TIP IS PROJECTED OVER THE RIGHT ATRIUM.

KS:HTS:50 [REDACTED] 76 [REDACTED] 76

[REDACTED]
FINALIZED DATE: [REDACTED] 76

[REDACTED]

DIAGNOSTIC IMAGING REPORT

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE [REDACTED]	AGE 28Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]				RESIDENT PHYSICIAN [REDACTED]	
ORDERING PHYSICIAN [REDACTED]				DATE [REDACTED] 96	

[REDACTED] 76 10:00 AM TRA AP CHEST AT BEDSIDE [REDACTED]

INDICATION: ASSESS FOR ATELECTASIS.

CHEST TUBE IS SEEN AT THE APEX OF THE LEFT HEMITHORAX. NO TUBE, ET TUBE AND CENTRAL LINE REMAIN WELL POSITIONED. THE LUNGS ARE CLEAR AND WELL INFLATED. PLEURAL SPACES ARE CLEAR.

KS/MTS/42 [REDACTED] /96 [REDACTED] /96

[REDACTED]

FINALIZED DATE: [REDACTED] 96

DIAGNOSTIC IMAGING REPORT

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE	AGE 28Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]				RESIDENT PHYSICIAN [REDACTED]	
ORDERING PHYSICIAN [REDACTED]					DATE [REDACTED] 76

[REDACTED] 76 1:15 PM TRA AP CHEST AT BEDSIDE [REDACTED]

INDICATION: CHEST TUBE PLACEMENT.

CHEST: LEFT CHEST TUBE TIP IS PROJECTED OVER THE APEX. DIFFUSE PARENCHYMAL SHADOWING IS SEEN THROUGHOUT BOTH LUNGS ASCENDING FROM THE PERIHILAR REGION INTO THE LUNGS BILATERALLY, SOME VOLUME LOSS IS NOTED IN THE LEFT LOWER LOBE. APPEARANCE COULD BE COMPATIBLE WITH HEART FAILURE OR ARDS OR INFECTION. NASOGASTRIC TUBE IS PROJECTED OVER THE STOMACH. ET TUBE POSITION IS AT THE BIFURCATION OF THE TRACHEA, LEFT SUBCLAVIAN LINE TIP IS PROJECTED OVER THE MID SVC.

KS/MTS/42 [REDACTED] /96 [REDACTED] /96

FINALIZED DATE: [REDACTED] 76

DIAGNOSTIC IMAGING REPORT

NAME				HISTORY NO.	
SEX	RACE	AGE	ACCOUNT NO.	LOCATION	
		27Y			
ATTENDING PHYSICIAN			RESIDENT PHYSICIAN		
ORDERING PHYSICIAN				DATE	

96 11:30 AM TRA C-SPINE LATERAL ONLY

INDICATION: C2 FRACTURE ASSESS ALIGNMENT IN HALO.

HALO DEVICE IS SEEN OVER THE SKULL AND PROJECTS OVER THE LOWER CERVICAL REGION. A TYPE II ODONTOID FRACTURE IS OBSERVED WITH MINIMAL ANTERIOR ANGLIATION OF THE ODONTOID PROCESS. OTHERWISE ANATOMIC ALIGNMENT IS MAINTAINED FROM THE OCCIPUT TO C5. OROTRACHEAL AND OROSUPRACAL INTUBATION IS OBSERVED.

SEM/MTS/45 7/96 7/96

FINALIZED DATE: 7/96

DIAGNOSTIC IMAGING REPORT

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX [REDACTED]	RACE [REDACTED]	AGE [REDACTED]	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]				RESIDENT PHYSICIAN [REDACTED]	
ORDERING PHYSICIAN [REDACTED]				DATE [REDACTED] 96	
SURGERY [REDACTED]					

8:27 AM TRA AP CHEST AT BEDSIDE

INDICATION: TRAUMA.

THE LATERAL ASPECT OF THE LEFT CHEST TUBE HAS NOT BEEN INCLUDED ON THE FILM. THE LEFT CHEST TUBE TIP IS PROJECTED OVER THE APEX. SMALL LEFT SIDED PLEURAL EFFUSION IS SEEN. DIFFUSE PARENCHYMAL SHADOWING IS SEEN IN BOTH LUNGS, THE APPEARANCES COULD BE COMPATIBLE WITH HEART FAILURE, FLUID OVERLOAD, OR ARDS, UNDERLYING INFECTION CANNOT BE EXCLUDED. ET TUBE POSITION IS AT THE BIFURCATION OF THE TRACHEA, LEFT SUBCLAVIAN LINE TIP IS PROJECTED OVER THE LOWER SVC. A NASOGASTRIC TUBE IS PROJECTED OVER THE STOMACH.

KS:BLG

/96

/96

FINALIZED DATE: [REDACTED] 96

DIAGNOSTIC IMAGING REPORT

NAME				HISTORY NO.	
SEX	RACE	AGE	ACCOUNT NO.	LOCATION	
F		27Y			
ATTENDING PHYSICIAN			RESIDENT PHYSICIAN		
ORDERING PHYSICIAN			DATE		

7:30 AM TRA AP CHEST AT BEDSIDE 71010
 2:45 PM TRA AP CHEST AT BEDSIDE 71010

INDICATION CHEST PAIN.

CHEST: THE HEART SIZE IS NORMAL. THE LUNGS ARE CLEAR. LEFT CHEST TUBE TIP IS PROJECTED OVER THE APPEX. NO PNEUMOTHORAX IS SEEN. ET TUBE POSITION IS SATISFACTORY. NASOGASTRIC TUBE IS PROJECTED OVER THE STOMACH. LEFT SUBCLAVIAN LINE TIP IS PROJECTED OVER THE LOWER SVC.

FILMS PERFORMED ON /96 SHOW REMOVAL OF THE LEFT CHEST TUBE WITH NO RESIDUAL PNEUMOTHORAX. SOME PARENCHYMAL SHADOWING IS SEEN IN BOTH BASES WHICH COULD REPRESENT INFECTION, ASPIRATION OR CONTUSION.

KS/MTS/45 /96 /96

FINALIZED DATE: /96

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE	AGE 29Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]			RESIDENT PHYSICIAN [REDACTED]		
ORDERING PHYSICIAN [REDACTED]					DATE [REDACTED] 96

DIAGNOSTIC IMAGING REPORT

[REDACTED] 96

7:00 PM

TRA AP CHEST AT BEDSIDE [REDACTED]

INDICATION: LINE PLACEMENT.

AP PORTABLE VIEW OF THE CHEST ON [REDACTED]/96 AT 1900 HOURS SHOWS NO EVIDENCE OF PNEUMOTHORAX. ENDOTRACHEAL TUBE TERMINATES AT LEVEL OF THE AORTIC ARCH. RIGHT AND LEFT SUBCLAVIAN CVC'S TERMINATE IN THE SUPERIOR VENA CAVA. NO TUBE TERMINATES BENEATH THE DIAPHRAGM PRESUMABLY IN STOMACH. THERE IS NO EVIDENCE OF PNEUMOTHORAX, SIGNIFICANT PARENCHYMAL CONSOLIDATION OR PLEURAL FLUID.

RA/HTS/55

[REDACTED]/96 [REDACTED]/96

FINALIZED DATE: [REDACTED] 96

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE [REDACTED]	AGE 27Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]				RESIDENT PHYSICIAN [REDACTED]	
ORDERING PHYSICIAN [REDACTED]				DATE [REDACTED] 96	

DIAGNOSTIC IMAGING REPORT

[REDACTED] 96

4:15 PM TRA AP CHEST AT BEDSIDE [REDACTED]

INDICATION: CHECK ET TUBE PLACEMENT.

CHEST: TRACHEOSTOMY TUBE POSITION IS SATISFACTORY. RIGHT SUBCLAVIAN LINE TIP IS PROJECTED OVER THE LOWER SVC. NASOGASTRIC TUBE IS PROJECTED OVER THE STOMACH. PARENCHYMAL SHADOWING IS SEEN IN THE MID AND LOWER ZONES BILATERALLY, SLIGHTLY MORE MARKED ON THE LEFT SIDE. THE APPEARANCES COULD REPRESENT INFECTION, RESOLVING CONTUSION OR ASPIRATION.

KS/MTS/45 [REDACTED] 96 [REDACTED] 96

FINALIZED DATE: [REDACTED] 96

DIAGNOSTIC IMAGING REPORT

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE [REDACTED]	AGE 29Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]			RESIDENT PHYSICIAN [REDACTED]		
ORDERING PHYSICIAN [REDACTED]				DATE [REDACTED]-96	

[REDACTED] 96 12:45 PM TRA AP CHEST AT BEDSIDE [REDACTED]

INDICATION: LINE PLACEMENT.

CHEST: SUPINE FILM SHOWS NG TUBE AND ET TUBE IN GOOD POSITION. THE LEFT SUBCLAVIAN LINE HAS ITS TIP WITHIN THE RIGHT ATRIUM. THERE ARE LOW LUNG VOLUMES WITH MINIMAL ATELECTATIC CHANGES AT BOTH LUNG BASES.

MEM/MTS/47 [REDACTED] 96 [REDACTED] 96

[REDACTED]
FINALIZED DATE: [REDACTED] 96

NAME				HISTORY NO.	
[REDACTED]				[REDACTED]	
SEX	RACE	AGE	ACCOUNT NO.	LOCATION	
F		22Y	[REDACTED]	[REDACTED]	
ATTENDING PHYSICIAN			RESIDENT PHYSICIAN		
[REDACTED]			[REDACTED]		
ORDERING PHYSICIAN				DATE	
[REDACTED]				[REDACTED] 96	

DIAGNOSTIC IMAGING REPORT

-96

2:03 AM TRA CT HEAD W/O CONTRAST

INDICATION: 9 YEAR-OLD FEMALE STATUS POST MOTOR VEHICLE COLLISION WITH C2 FRACTURE WITH PERSISTENT CNF LEAK AND RULE OUT HYDROCEPHALUS.

CONTIGUOUS 10 MM. TRANSAXIAL IMAGES WERE PERFORMED FROM THE SKULL BASE TO THE HIGH CONVEXITY WITHOUT CONTRAST. THERE ARE BILATERAL FRONTAL HYGROMAS. THERE IS AN ENLARGED CISTERNA MAGNA. THERE IS NO MIDLINE SHIFT OR EVIDENCE OF HERNIATION. THE VENTRICLES AND CISTERNS ARE NORMAL IN SIZE AND SHAPE. FIXATION SCREWS ARE SEEN AT THE C2 LEVEL CONSISTENT WITH HISTORY.

IMPRESSION:

BILATERAL FRONTAL HYGROMAS WITHOUT HYDROCEPHALUS.

JPG/MTS/42 [REDACTED] 7/96 [REDACTED] 7/96

FINALIZED DATE: [REDACTED] 96

[REDACTED]

DIAGNOSTIC IMAGING REPORT

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE	AGE 27Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]			RESIDENT PHYSICIAN		
ORDERING PHYSICIAN [REDACTED]				DATE [REDACTED] 96	

[REDACTED] 26 8:50 PM TRA AP CHEST AT BEDSIDE [REDACTED]

INDICATION: SUBCLAVIAN LINE CHANGE.

TRACHEOSTOMY IS WELL POSITIONED. AN NG TUBE DESCENDS BELOW THE LEVEL OF THE GASTRIC FUNDUS. SUBCLAVIAN LINE ON THE LEFT TERMINATES AT THE SVC-RIGHT ATRIAL JUNCTION. NO EVIDENCE OF COMPLICATING HEMO OR PNEUMOTHORAX.

SEM/MTS/42 [REDACTED]/96 [REDACTED]/96

[REDACTED]

FINALIZED DATE: [REDACTED] 96

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE [REDACTED]	AGE 29Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]				RESIDENT PHYSICIAN [REDACTED]	
ORDERING PHYSICIAN [REDACTED]				DATE [REDACTED] 96	

DIAGNOSTIC IMAGING REPORT

[REDACTED] 26 8:50 PM TRA AP CHEST AT BEDSIDE [REDACTED]

INDICATION: SUBCLAVIAN LINE CHANGE.

TRACHEOSTOMY IS WELL POSITIONED. AN NG TUBE DESCENDS BELOW THE LEVEL OF THE GASTRIC FUNDUS. SUBCLAVIAN LINE ON THE LEFT TERMINATES AT THE SVC-RIGHT ATRIAL JUNCTION. NO EVIDENCE OF COMPLICATING HEMO OR PNEUMOTHORAX.

SEM/MTS/42 [REDACTED] 96 [REDACTED] 96

[REDACTED]
FINALIZED DATE: [REDACTED] 96

DIAGNOSTIC IMAGING REPORT

NAME				HISTORY NO.	
SEX	RACE	AGE	ACCOUNT NO.	LOCATION	
F		22Y			
ATTENDING PHYSICIAN			RESIDENT PHYSICIAN		
ORDERING PHYSICIAN			DATE		

XX

96 10:40 PM TRA AP CHEST AT BEDSIDE

INDICATION: TRACHEOSTOMY.

CHEST: ATLECTASIS IS SEEN IN THE LEFT BASE. SOME PERIILLAR SHADOWING IS SEEN IN THE REGION OF THE RIGHT ATRIUM. THIS COULD REPRESENT ASPIRATION OR INFECTION. TRACHEOSTOMY TUBE POSITION IS SATISFACTORY. LEFT SUBCLAVIAN LINE TIP IS PROJECTED OVER THE RIGHT ATRIUM.

KS:MTS:50 /96 /96

FINALIZED DATE: 5-96

NAME				HISTORY NO.	
SEX	RACE	AGE	ACCOUNT NO.	LOCATION	
F		22Y			
ATTENDING PHYSICIAN			RESIDENT PHYSICIAN		
ORDERING PHYSICIAN			DATE		

DIAGNOSTIC IMAGING REPORT

26 2:50 PM TRA AP CHEST AT REDSIDE

INDICATION: ATELECTASIS.

CHEST: SOME ATELECTASIS IS SEEN DUE TO HYPOINFLATION. DIFFUSE PARENCHYMAL SHADOWING IS SEEN IN THE LUNGS. THIS COULD REPRESENT INFECTION, ASPIRATION, HEART FAILURE OR FLUID OVERLOAD. ARDS COULD GIVE SIMILAR APPEARANCES. TRACHEOSTOMY TUBE POSITION IS SATISFACTORY. LEFT SUBCLAVIAN LINE TIP IS PROJECTED OVER THE RIGHT ATRIUM.

KS:MTS:50 /96 /96

FINALIZED DATE: /96

DIAGNOSTIC IMAGING REPORT

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE	AGE 22Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]				RESIDENT PHYSICIAN [REDACTED]	
ORDERING PHYSICIAN [REDACTED]					DATE [REDACTED] 96

[REDACTED] -26 10:02 AM TRA AP CHEST AT RESIDE [REDACTED]

INDICATION: FRACTURE.

THERE IS A LEFT LOWER LOBE COLLAPSE WITH PULMONARY EDEMA WHICH COULD BE DUE TO FLUID OVERLOAD VERSUS HEART FAILURE. BILATERAL SMALL PLEURAL EFFUSIONS ARE ALSO NOTED. TRACHEOSTOMY TUBE POSITION IS SATISFACTORY. NASOGASTRIC TUBE IS PROJECTED OVER THE STOMACH. LEFT SUBCLAVIAN LINE TIP IS PROJECTED OVER THE RIGHT ATRIUM.

KS/MCS/45 [REDACTED] 26 [REDACTED] 26

FINALIZED DATE: [REDACTED] 26

DIAGNOSTIC IMAGING REPORT

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE	AGE 29Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]				RESIDENT PHYSICIAN	
ORDERING PHYSICIAN [REDACTED]				[REDACTED] 76	

[REDACTED] 26 10:03 AM TRA C-SPINE LATERAL ONLY [REDACTED]

INDICATION: FRACTURE.

CERVICAL SPINE: LATERAL MASS SCREWS ARE SEEN FIXING A DENS FRACTURE. SCREWS EXTEND UP TO THE ANTERIOR ARCH OF THE C1 VERTEBRAL BODY. SOME PREVERTEBRAL SOFT TISSUE SWELLING IS NOTED. THERE IS ALSO A FIXATION OF THE C1-2 VERTEBRAL BODIES WITH A BONE GRAFT. ALIGNMENT APPEARS TO BE SATISFACTORY. THE SPINE WAS VISUALIZED FROM THE OCCIPUT TO THE C5 VERTEBRAL BODY.

KS/MTG/45 [REDACTED] 96 [REDACTED] 96 /

FINALIZED DATE: [REDACTED] 26

NAME [REDACTED]				HISTORY NO. [REDACTED]	
SEX F	RACE [REDACTED]	AGE 29Y	ACCOUNT NO. [REDACTED]	LOCATION [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]				RESIDENT PHYSICIAN [REDACTED]	
ORDERING PHYSICIAN [REDACTED]					DATE [REDACTED] 96

DIAGNOSTIC IMAGING REPORT

[REDACTED] -96 3:33 PM VIDEO COMPLEMENT EXAM,
[REDACTED] -96 3:33 PM ESOPHAGRAM [REDACTED]

INDICATION: EVALUATE FOR ASPIRATION.

VARIOUS CONSISTENCIES OF BARIUM WERE PREPARED AND ORALLY ADMINISTERED BY THE SPEECH PATHOLOGIST. SWALLOWING WAS EVALUATED UNDER FLUOROSCOPY AND RECORDED ON VIDEO TAPE. THERE IS NORMAL BOLUS FORMATION AND INITIATION OF SWALLOWING. LARYNGEAL PENETRATION WAS OCCASIONALLY VISUALIZED WITH THIN LIQUIDS. THERE WAS NO PENETRATION OR ASPIRATION WITH THICK, PUREE, AND SOLID CONSISTENCIES.

IMPRESSION:

OCCASIONAL PENETRATION WITH THIN CONSISTENCIES. NO PENETRATION OR ASPIRATION WITH THE REMAINING CONSISTENCIES.

MM/MTS/45 [REDACTED] /96 [REDACTED] /96

FINALIZED DATE: [REDACTED] -96

CHEMISTRY

COLL. DATE	COLL. TIME	TEST NAME
██████/96	0430	████████████████████
██████/96	0430	████████████████████
██████/96	0506	████████████████████
██████/96	0430	████████████████████

REF RANGE	UNITS
(135-148)	MEQ/L
(3.5-5.1)	MEQ/L
(97-108)	MEQ/L
(22-29)	MMOL/L
(70-110)	MG/DL
(5-20)	MG/DL
(0.5-1.2)	MG/DL
(8.4-10.5)	MG/DL
(2.5-4.5)	MG/DL
(3.5-5.2)	G/DL
(.2-1.3)	MG/DL
(1.6-3.0)	MG/DL
(25-125)	U/L
(10-59)	U/L
(20-126)	U/L
(7-64)	U/L
(120-300)	MG/DL
(35-180)	MG/DL
(275-295)	MOM/KG

SODIUM	134 L	137
POTASSIUM	5.2 Hf	4.5
CHLORIDE	100	102
CO2	31 H	31 H
GLUCOSE	399 Cf	219 H
BUN	21 Hf	14
CREATININE	0.7	0.7
CALCIUM	9.4	8.9
PHOSPHORUS		
ALBUMIN		
BILIRUBIN TOTAL		
MAGNESIUM		
AMYLASE		
AST		
ALK PHOS		
GGT		
STC CHOLESTEROL		
STC TRIGLYCERID		
OSMOLALITY	300 H	
96 0430	POTASSIUM	DOUBLE
96 0430	GLUCOSE	DOUBLE
96 0430	GLUCOSE	DOUBLE
96 0430	BUN	DOUBLE

PROFILE

copy
all
labs

in
subsequent

120
85

MISTR

96
200

EMISTRY

(18-50) MG/DL

COLL. DATE 96
COLL. TIME 1025
TEST NAME

REF RANGE	UNITS
(135-148)	MEQ/L
(3.5-5.1)	MEQ/L
(97-108)	MEQ/L
(22-29)	MMOL/L
(70-110)	MG/DL
(5-20)	MG/DL
(0.5-1.2)	MG/DL
(8.4-10.5)	MG/DL
(2.5-4.5)	MG/DL
(3.5-5.2)	G/DL
(.2-1.3)	MG/DL
(1.6-3.0)	MG/DL

PROFILE

SODIUM			139	
POTASSIUM			3.5	
CHLORIDE			100	
CO2			31 H	
GLUCOSE	327 C	77	53 C	50 C
BUN			9	
CREATININE			0.6	
CALCIUM			9.0	
PHOSPHORUS			4.0	
ALBUMIN			3.0 L	
BILIRUBIN TOTAL			.4	
MAGNESIUM			2.1	

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

Page: 1

Print Date/Time: [REDACTED] 95

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	1/96	7/96	1/96	7/96	REF RANGE	UNITS
COLL. TIME	1025	0500	0230	0200		
TEST NAME						
	PROFILE					
AMYLASE			89		(25-125)	U/L
AST			46		(10-59)	U/L
ALK PHOS			109		(20-126)	U/L
GGT			70 H		(7-64)	U/L
STC CHOLESTEROL			216		(120-300)	MG/DL
STC TRIGLYCERID			177		(35-180)	MG/DL
OSMOLALITY			285		(275-295)	MOM/KG

COLL. DATE	1/96	7/96	1/96	7/96	REF RANGE	UNITS
COLL. TIME	1800	1420	1000	0430		
TEST NAME						
	PROFILE					
SODIUM				137	(135-148)	MEQ/L
POTASSIUM				4.2	(3.5-5.1)	MEQ/L
CHLORIDE				101	(97-108)	MEQ/L
CO2				31 H	(22-29)	MMOL/L
GLUCOSE	145 H	123 H	172 H	180 H	(70-110)	MG/DL
BUN				11	(5-20)	MG/DL
CREATININE				0.6	(0.5-1.2)	MG/DL
CALCIUM				9.5	(8.4-10.5)	MG/DL
PHOSPHORUS				3.3	(2.5-4.5)	MG/DL
ALBUMIN				3.0 L	(3.5-5.2)	G/DL
BILIRUBIN TOTAL				.6	(.2-1.3)	MG/DL
MAGNESIUM				2.2	(1.6-3.0)	MG/DL
AMYLASE				71	(25-125)	U/L
AST				29	(10-59)	U/L
ALK PHOS				100	(20-126)	U/L
GGT				55	(7-64)	U/L
STC CHOLESTEROL				217	(120-300)	MG/DL
STC TRIGLYCERID				148	(35-180)	MG/DL
OSMOLALITY				289	(275-295)	MOM/KG

LEGEND
 L=LOW, H=HIGH

Patient Name: [REDACTED]

Page: 2

Print Date/Time: [REDACTED] 96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	COLL. TIME	TEST NAME
[REDACTED]/96	0115	GLUCOSE
[REDACTED]/96	2120	GLUCOSE
[REDACTED]/96	1700	GLUCOSE
[REDACTED]/96	1315	GLUCOSE

REF RANGE UNITS

PROFILE

TEST NAME	RESULT	REF RANGE	UNITS
GLUCOSE	339 C	(70-110)	MG/DL
GLUCOSE	483 Cf		
GLUCOSE	277 H		
GLUCOSE	415 Cf		

COLL. DATE	COLL. TIME	TEST NAME
[REDACTED] 96	0430	SODIUM
[REDACTED] 96	0220	POTASSIUM
[REDACTED] 96	2200	CHLORIDE
[REDACTED] 96	1650	CO2

REF RANGE UNITS

PROFILE

TEST NAME	RESULT	REF RANGE	UNITS
SODIUM	140	(135-148)	MEQ/L
POTASSIUM	3.8	(3.5-5.1)	MEQ/L
CHLORIDE	104	(97-108)	MEQ/L
CO2	32 H	(22-29)	MMOL/L
GLUCOSE	104	(70-110)	MG/DL
BUN	13	(5-20)	MG/DL
CREATININE	0.5	(0.5-1.2)	MG/DL
CALCIUM	8.9	(8.4-10.5)	MG/DL
PHOSPHORUS	3.1	(2.5-4.5)	MG/DL
ALBUMIN	2.8 L	(3.5-5.2)	G/DL
BILIRUBIN TOTAL	.4	(.2-1.3)	MG/DL
MAGNESIUM	2.1	(1.6-3.0)	MG/DL
AMYLASE	73	(25-125)	U/L
AST	23	(10-59)	U/L
ALK PHOS	91	(20-126)	U/L
GGT	52	(7-64)	U/L
STC CHOLESTEROL	198	(120-300)	MG/DL
STC TRIGLYCERID	95	(35-180)	MG/DL
OSMOLALITY	284	(275-295)	MOM/KG

GLUCOSE DOUBLE CHECKED .

GLUCOSE REPOTED . QNS TO DOUBLE CHECKED . NOTIFIED RN .

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

Page: 3

Print Date/Time: [REDACTED] 96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	96	96	96	96		
COLL. TIME	1500	1330	0845	0430		
TEST NAME					REF RANGE	UNITS
					PROFILE	
SODIUM				136	(135-148)	MEQ/L
POTASSIUM				3.9 f	(3.5-5.1)	MEQ/L
CHLORIDE				99	(97-108)	MEQ/L
CO2				31 H	(22-29)	MMOL/L
GLUCOSE	523 Cf	47 Cf	233 H	298 Hf	(70-110)	MG/DL
BUN				13	(5-20)	MG/DL
CREATININE				0.6	(0.5-1.2)	MG/DL
CALCIUM				8.7	(8.4-10.5)	MG/DL
PHOSPHORUS				3.4	(2.5-4.5)	MG/DL
ALBUMIN				2.7 L	(3.5-5.2)	G/DL
BILIRUBIN TOTAL				.6	(.2-1.3)	MG/DL
MAGNESIUM				1.9	(1.6-3.0)	MG/DL
AMYLASE				79	(25-125)	U/L
AST				22	(10-59)	U/L
ALK PHOS				90	(20-126)	U/L
GGT				48	(7-54)	U/L
STC CHOLESTEROL				185	(120-300)	MG/DL
STC TRIGLYCERID				114	(35-180)	MG/DL
OSMOLALITY				290	(275-295)	MOM/KG

/96 0430 POTASSIUM DOUBLE CHECK RESULT
 /96 1500 GLUCOSE GLUCOSE DOUBLE CHECKED . RN NOTIFIED .
 /96 1330 GLUCOSE LOW GLU
 FOOTNOTE REVISED ON /96 AT 1400 BY AADELUGB
 /96 0430 GLUCOSE DOUBLE CHECK RESULT

COLL. DATE	96	96	96	96		
COLL. TIME	0040	2130	1845	1500		
TEST NAME					REF RANGE	UNITS
					PROFILE	
GLUCOSE	98	80	118 H	236 H	(70-110)	MG/DL

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

Page: 4

Print Date/Time: [REDACTED] /96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96			
COLL. TIME	1100	0830	0430	0015			
TEST NAME					REF RANGE	UNITS	
					PROFILE		
SODIUM			137		(135-148)	MEQ/L	
POTASSIUM			3.3 L		(3.5-5.1)	MEQ/L	
CHLORIDE			101		(97-108)	MEQ/L	
CO2			28		(22-29)	MMOL/L	
GLUCOSE	190 H	66 L	247 H	168 H	(70-110)	MG/DL	
BUN			10		(5-20)	MG/DL	
CREATININE			0.5		(0.5-1.2)	MG/DL	
CALCIUM			8.6		(8.4-10.5)	MG/DL	
OSMOLALITY			286		(275-295)	MOM/KG	
COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96			
COLL. TIME	2040	1720	1600	1230			
TEST NAME					REF RANGE	UNITS	
					PROFILE		
GLUCOSE	245 H	374 C	433 C	421 C	(70-110)	MG/DL	
COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96			
COLL. TIME	0830	0430	0010	1900			
TEST NAME					REF RANGE	UNITS	
					PROFILE		
SODIUM		137		139	(135-148)	MEQ/L	
POTASSIUM		3.6		3.8	(3.5-5.1)	MEQ/L	
CHLORIDE		103		102	(97-108)	MEQ/L	
CO2		31 H		32 H	(22-29)	MMOL/L	
GLUCOSE	384 C	112 H	222 H	334 C	(70-110)	MG/DL	
BUN		9		8	(5-20)	MG/DL	
CREATININE		0.5		0.6	(0.5-1.2)	MG/DL	
CALCIUM		8.3 L		8.3 L	(8.4-10.5)	MG/DL	
OSMOLALITY		290		288	(275-295)	MOM/KG	

LEGEND

L=LOW, H=HIGH, C=CRITICAL

Patient Name: [REDACTED]

Page: 5

Print Date/Time: [REDACTED] 96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	/96	/96	/96	/96			
COLL. TIME	0845	0453	0430	2300			
TEST NAME						REF RANGE	UNITS
					PROFILE		
SODIUM			139			(135-148)	MEQ/L
POTASSIUM			3.8			(3.5-5.1)	MEQ/L
CHLORIDE			103			(97-108)	MEQ/L
CO2			32 H			(22-29)	MMOL/L
GLUCOSE	211 H		210 H	188 H		(70-110)	MG/DL
BUN			11			(5-20)	MG/DL
CREATININE			0.6			(0.5-1.2)	MG/DL
CALCIUM			8.5			(8.4-10.5)	MG/DL
PHOSPHORUS			3.0			(2.5-4.5)	MG/DL
ALBUMIN			2.3 C			(3.5-5.2)	G/DL
BILIRUBIN TOTAL			.5			(.2-1.3)	MG/DL
MAGNESIUM			1.7			(1.6-3.0)	MG/DL
AMYLASE			66			(25-125)	U/L
AST			17			(10-59)	U/L
ALK PHOS			71			(20-126)	U/L
GGT			49			(7-64)	U/L
STC CHOLESTEROL			137			(120-300)	MG/DL
STC TRIGLYCERID			89			(35-180)	MG/DL
OSMOLALITY			285			(275-295)	MOM/KG
					SPECIAL CHEMISTRY		
PREALBUMIN		12 L				(18-50)	MG/DL

COLL. DATE	/96	/96	/96	/96			
COLL. TIME	2030	1755	1400	0837			
TEST NAME						REF RANGE	UNITS
					PROFILE		
GLUCOSE	237 H	268 H	313 C			(70-110)	MG/DL
					URINALYSIS		
APPEARANCE					CLOUDY *		
COLOR					YELLOW		
SPEC GRAVITY					1.016	(1.002-1.030)	
GLUCOSE					2+ *	(0)	
BILIRUBIN					0	(0)	
KETONES					0	(0)	
BLOOD					3+ *	(0)	
PH					8.0	(4.5-8.0)	
PROTEIN					2+ *f	(0)	
UROBILINOGEN					NORMAL	(NORMAL)	MG/DL
NITRATE					NEGATIVE	(NEGATIVE)	
LEUKOCYTE ESTER					1+ *	(0)	
WBC/HPF					10-25 *		/HPF

96 0837 PROTEIN CHECKED AND CONFIRMED

LEGEND

L=LOW, H=HIGH, C=CRITICAL, *=ABNORMAL, f=FOOTNOTE

Patient Name: [REDACTED]

Page: 6

Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	/96	/96	/96	/96		
COLL. TIME	2030	1755	1400	0837		
TEST NAME					REF RANGE	UNITS
RBC/HPF					URINALYSIS	
SQUAMOUS EPITH					25-50 *	
BACTERIA					NEGATIVE	/HPF
MUCUS					TRACE	
SEDIMENT					NEGATIVE	
					NEGATIVE	
COLL. DATE	/96	/96	/96	/96		
COLL. TIME	0830	0545	0300	2300		
TEST NAME					REF RANGE	UNITS
SODIUM		133 L			(135-148)	MEQ/L
POTASSIUM		3.6			(3.5-5.1)	MEQ/L
CHLORIDE		99			(97-108)	MEQ/L
CO2		28			(22-29)	MMOL/L
GLUCOSE	249 H	295 H	109	91	(70-110)	MG/DL
BUN		9			(5-20)	MG/DL
CREATININE		0.6			(0.5-1.2)	MG/DL
CALCIUM		8.3 L			(8.4-10.5)	MG/DL
OSMOLALITY		280			(275-295)	MOM/KG
COLL. DATE	/96	/96	/96	/96		
COLL. TIME	1055	0855	0430	0230		
TEST NAME					REF RANGE	UNITS
SODIUM			139		(135-148)	MEQ/L
POTASSIUM			3.8		(3.5-5.1)	MEQ/L
CHLORIDE			108		(97-108)	MEQ/L
CO2			27		(22-29)	MMOL/L
GLUCOSE	196 H	260 H	329 C	390 Cf	(70-110)	MG/DL
BUN			16		(5-20)	MG/DL
CREATININE			0.7		(0.5-1.2)	MG/DL
CALCIUM			8.2 L		(8.4-10.5)	MG/DL
OSMOLALITY			299 H		(275-295)	MOM/KG
/96 0230	GLUCOSE	DOUBLE CHECK RESULT				

LEGEND

L=LOW, H=HIGH, C=CRITICAL, *=ABNORMAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] /96 [REDACTED]

Continued . . .

MD

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] /1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	/96	/96	/96	/96				
COLL. TIME	0035	0005	2325	1740				
TEST NAME						REF RANGE	UNITS	
					PROFILE			
SODIUM			143			(135-148)	MEQ/L	
POTASSIUM			3.1 Lf			(3.5-5.1)	MEQ/L	
CHLORIDE			110 H			(97-108)	MEQ/L	
CO2			29			(22-29)	MMOL/L	
GLUCOSE	217 Hf	32 Cf	27 Cf	429 Cf		(70-110)	MG/DL	
BUN			17			(5-20)	MG/DL	
CREATININE			0.5			(0.5-1.2)	MG/DL	
CALCIUM			8.2 L			(8.4-10.5)	MG/DL	
OSMOLALITY			287			(275-295)	MOM/KG	
PH (ART)			7.52 H			(7.35-7.45)		
PCO2 ART.			33			(32-48)	MMHG	
PO2 ART.			129 H			(80-108)	MMHG	
HCO3- ART.			27.0 H			(22.0-26.0)	MMOL/L	
BASE EX. ART.			5.1				MMOL/L	
O2 SAT ART.			99			(95-99)	%	
FiO2			40			(21-100)	%	
PEEP			5			(1-40)	CM H2O	
EFF PEEP			NO VALUE			(1-45)	CM H2O	
/96 2325	POTASSIUM	DOUBLE CHECK RESULTS						
/96 0035	GLUCOSE	DOUBLE CHECK RESULTS						
/96 0005	GLUCOSE	DOUBLE CHECK RESULT						
/96 2325	GLUCOSE	DOUBLE CHECK RESULTS						
/96 1740	GLUCOSE	GLUCOSE DOUBLE CHECKED						

COLL. DATE	/96	/96	/96	/96				
COLL. TIME	1400	1130	0700	0430				
TEST NAME						REF RANGE	UNITS	
					PROFILE			
SODIUM					142	(135-148)	MEQ/L	
POTASSIUM					3.8	(3.5-5.1)	MEQ/L	
CHLORIDE					106	(97-108)	MEQ/L	
CO2					31 H	(22-29)	MMOL/L	
GLUCOSE	250 H	327 C	310 C		385 C	(70-110)	MG/DL	
BUN					20	(5-20)	MG/DL	
CREATININE					0.8	(0.5-1.2)	MG/DL	
CALCIUM					9.1	(8.4-10.5)	MG/DL	
OSMOLALITY					302 H	(275-295)	MOM/KG	

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] 96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	COLL. TIME	TEST NAME	REF RANGE	UNITS
[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	
0040	1830	1200	0430	
PROFILE				
SODIUM		137	(135-148)	MEQ/L
POTASSIUM		4.0	(3.5-5.1)	MEQ/L
CHLORIDE		101	(97-108)	MEQ/L
CO2		30 H	(22-29)	MMOL/L
GLUCOSE	513 C	259 H	432 C	404 C
BUN		14	(5-20)	MG/DL
CREATININE		0.7	(0.5-1.2)	MG/DL
CALCIUM		8.7	(8.4-10.5)	MG/DL
OSMOLALITY		296 H	(275-295)	MOM/KG

COLL. DATE	COLL. TIME	TEST NAME	REF RANGE	UNITS
[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	
2300	1700	1200	0430	
PROFILE				
SODIUM		136	(135-148)	MEQ/L
POTASSIUM		3.5	(3.5-5.1)	MEQ/L
CHLORIDE		99	(97-108)	MEQ/L
CO2		29	(22-29)	MMOL/L
GLUCOSE	418 C	268 H	152 H	77
BUN		7	(5-20)	MG/DL
CREATININE		0.6	(0.5-1.2)	MG/DL
CALCIUM		8.9	(8.4-10.5)	MG/DL
OSMOLALITY		275	(275-295)	MOM/KG

COLL. DATE	COLL. TIME	TEST NAME	REF RANGE	UNITS
[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	
0005	1800	1512	1230	
PROFILE				
GLUCOSE	124 H	126 H	128 H	(70-110)

URINALYSIS

TEST NAME	RESULT	REF RANGE	UNITS
APPEARANCE	TURBID *		
COLOR	YELLOW		
SPEC GRAVITY	1.016	(1.002-1.030)	
GLUCOSE	0 f	(0)	
BILIRUBIN	0	(0)	
KETONES	0	(0)	
BLOOD	0	(0)	
PH	7.0	(4.5-8.0)	
PROTEIN	2+ *f	(0)	

96 1512 GLUCOSE

ASCORBIC ACID PRESENT, THIS MAY CAUSE UNDERESTIMATION OF GLUCOSE AND BLOOD ON CHEMICAL SCREEN

96 1512 PROTEIN

CHECKED AND CONFIRMED

LEGEND

H=HIGH, C=CRITICAL, *=ABNORMAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] 96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96
COLL. TIME	0005	1800	1512	1230
TEST NAME				

URINALYSIS

	REF RANGE	UNITS
UROBILINOGEN	(NORMAL)	MG/DL
NITRATE	(NEGATIVE)	
LEUKOCYTE ESTER	(0)	
WBC/HPF		/HPF
RBC/HPF		/HPF
SQUAMOUS EPITH		
BACTERIA		
MUCUS		
SEDIMENT		

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96
COLL. TIME	0900	0430	2345	2045
TEST NAME				

PROFILE

	REF RANGE	UNITS
SODIUM	(135-148)	MEQ/L
POTASSIUM	(3.5-5.1)	MEQ/L
CHLORIDE	(97-108)	MEQ/L
CO2	(22-29)	MMOL/L
GLUCOSE	(70-110)	MG/DL
BUN	(5-20)	MG/DL
CREATININE	(0.5-1.2)	MG/DL
CALCIUM	(8.4-10.5)	MG/DL
OSMOLALITY	(275-295)	MOM/KG

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96
COLL. TIME	1700	1215	0845	0430
TEST NAME				

PROFILE

	REF RANGE	UNITS
SODIUM	(135-148)	MEQ/L
POTASSIUM	(3.5-5.1)	MEQ/L
CHLORIDE	(97-108)	MEQ/L
CO2	(22-29)	MMOL/L
GLUCOSE	(70-110)	MG/DL
BUN	(5-20)	MG/DL
CREATININE	(0.5-1.2)	MG/DL
CALCIUM	(8.4-10.5)	MG/DL
PHOSPHORUS	(2.5-4.5)	MG/DL
ALBUMIN	(3.5-5.2)	G/DL
BILIRUBIN TOTAL	(.2-1.3)	MG/DL
MAGNESIUM	(1.6-3.0)	MG/DL
AMYLASE	(25-125)	U/L

[REDACTED] 96 1215 GLUCOSE CHKED, CLK DIANE AT 1300

LEGEND

L=LOW, H=HIGH, C=CRITICAL, *=ABNORMAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	96	/96	96	/96			
COLL. TIME	1700	1215	0845	0430			
TEST NAME					PROFILE	REF RANGE	UNITS
AST					26	(10-59)	U/L
ALK PHOS					82	(20-126)	U/L
GGT					87 H	(7-64)	U/L
STC CHOLESTEROL					151	(120-300)	MG/DL
STC TRIGLYCERID					100	(35-180)	MG/DL
OSMOLALITY					288	(275-295)	MOM/KG
PH (ART)					7.48 H	(7.35-7.45)	
PCO2 ART.					34	(32-48)	MMHG
PO2 ART.					118 H	(80-108)	MMHG
HCO3- ART.					25.0	(22.0-26.0)	MMOL/L
BASE EX. ART.					2.5		MMOL/L
O2 SAT ART.					99	(95-99)	%
Fio2					40	(21-100)	%
PEEP					NO VALUE	(1-40)	CM H2O
EFF PEEP					NO VALUE	(1-45)	CM H2O
IONIZED CA					4.1 L	(4.5-5.3)	MG/DL

COLL. DATE	/96	/96	/96	/96			
COLL. TIME	0110	2000	1900	1600			
TEST NAME					PROFILE	REF RANGE	UNITS
GLUCOSE	214 H	278 H	247 H	278 H		(70-110)	MG/DL

COLL. DATE	/96	/96	/96	/96			
COLL. TIME	1130	0800	0430	0005			
TEST NAME					PROFILE	REF RANGE	UNITS
SODIUM					142	(135-148)	MEQ/L
POTASSIUM					3.7	(3.5-5.1)	MEQ/L
CHLORIDE					108	(97-108)	MEQ/L
CO2					29	(22-29)	MMOL/L
GLUCOSE	90	73	105	130 H		(70-110)	MG/DL
BUN					14	(5-20)	MG/DL
CREATININE					0.5	(0.5-1.2)	MG/DL
CALCIUM					8.5	(8.4-10.5)	MG/DL
PHOSPHORUS					3.1	(2.5-4.5)	MG/DL
MAGNESIUM					2.1	(1.6-3.0)	MG/DL
OSMOLALITY					287	(275-295)	MOM/KG
PH (ART)					7.49 H	(7.35-7.45)	
PCO2 ART.					33	(32-48)	MMHG
PO2 ART.					177 H	(80-108)	MMHG
HCO3- ART.					25.8	(22.0-26.0)	MMOL/L

LEGEND
 L=LOW, H=HIGH

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE [REDACTED]/96 [REDACTED]/96 [REDACTED]/96 [REDACTED]/96
 COLL. TIME 1130 0800 0430 0005
 TEST NAME

PROFILE

TEST NAME	REF RANGE	UNITS
BASE EX. ART.		MMOL/L
O2 SAT ART.	(95-99)	%
Fio2	(21-100)	%
PEEP	(1-40)	CM H2O
EFF PEEP	(1-45)	CM H2O
IONIZED CA	(4.5-5.3)	MG/DL

COLL. DATE [REDACTED]/96 [REDACTED]/96 [REDACTED]/96 [REDACTED]/96
 COLL. TIME 1930 1700 1200 0900
 TEST NAME

PROFILE

TEST NAME	REF RANGE	UNITS
GLUCOSE	(70-110)	MG/DL
PH (ART)	(7.35-7.45)	
PCO2 ART.	(32-48)	MMHG
PO2 ART.	(80-108)	MMHG
HCO3- ART.	(22.0-26.0)	MMOL/L
BASE EX. ART.		MMOL/L
O2 SAT ART.	(95-99)	%
DIR.SAT. ART.	(94.0-99.0)	%
Fio2	(21-100)	%
PEEP	(1-40)	CM H2O
EFF PEEP	(1-45)	CM H2O

COLL. DATE [REDACTED]/96 [REDACTED]/96 [REDACTED]/96 [REDACTED]/96
 COLL. TIME 0430 0005 2100 1525
 TEST NAME

PROFILE

TEST NAME	REF RANGE	UNITS
SODIUM	(135-148)	MEQ/L
POTASSIUM	(3.5-5.1)	MEQ/L
CHLORIDE	(97-108)	MEQ/L
CO2	(22-29)	MMOL/L
GLUCOSE	(70-110)	MG/DL
BUN	(5-20)	MG/DL
CREATININE	(0.5-1.2)	MG/DL
CALCIUM	(8.4-10.5)	MG/DL
PHOSPHORUS	(2.5-4.5)	MG/DL
MAGNESIUM	(1.6-3.0)	MG/DL
OSMOLALITY	(275-295)	MOM/KG
PH (ART)	(7.35-7.45)	
PCO2 ART.	(32-48)	MMHG
PO2 ART.	(80-108)	MMHG
HCO3- ART.	(22.0-26.0)	MMOL/L

LEGEND

L=LOW, H=HIGH, C=CRITICAL

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 7/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	07/19/96	08/05/96	08/21/96	08/25/96	REF RANGE	UNITS
COLL. TIME	0430	0005	2100	1525		
TEST NAME						
					PROFILE	
BASE EX. ART.	2.8	3.8		2.9		MMOL/L
O2 SAT ART.	96	96		99	(95-99)	%
Fio2	40	40		40	(21-100)	%
PEEP	NO VALUE	NO VALUE		NO VALUE	(1-40)	CM H2O
EFF PEEP	NO VALUE	NO VALUE		NO VALUE	(1-45)	CM H2O
IONIZED CA	3.9 L				(4.5-5.3)	MG/DL

COLL. DATE	07/19/96	08/05/96	08/21/96	08/25/96	REF RANGE	UNITS
COLL. TIME	1200	0800	0430	2340		
TEST NAME						
					PROFILE	
SODIUM			136		(135-148)	MEQ/L
POTASSIUM			4.6		(3.5-5.1)	MEQ/L
CHLORIDE			104		(97-108)	MEQ/L
CO2			30 H		(22-29)	MMOL/L
GLUCOSE	278 H	304 C	314 C	330 C	(70-110)	MG/DL
BUN			15		(5-20)	MG/DL
CREATININE			0.7		(0.5-1.2)	MG/DL
CALCIUM			8.3 L		(8.4-10.5)	MG/DL
PHOSPHORUS			2.7		(2.5-4.5)	MG/DL
MAGNESIUM			2.0		(1.6-3.0)	MG/DL
OSMOLALITY			300 H		(275-295)	MOM/KG
PH (ART)			7.45	7.44	(7.35-7.45)	
PCO2 ART.			38	39	(32-48)	MMHG
PO2 ART.			167 H	149 H	(80-108)	MMHG
HCO3- ART.			26.6 H	26.9 H	(22.0-26.0)	MMOL/L
BASE EX. ART.			3.1	3.3		MMOL/L
O2 SAT ART.			99	99	(95-99)	%
Fio2			40	40	(21-100)	%
PEEP			8	8	(1-40)	CM H2O
EFF PEEP			NO VALUE	NO VALUE	(1-45)	CM H2O
IONIZED CA			4.0 L		(4.5-5.3)	MG/DL

LEGEND

L=LOW, H=HIGH, C=CRITICAL

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] 7/96

Continued . . .

CHEMISTRY

[REDACTED] 1/96	[REDACTED] 1/96	[REDACTED] 1/96	[REDACTED] 1/96
2030	1855	1720	1455

REF	RANGE	UNITS
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PROFILE

SODIUM		135			(135-148)	MEQ/L
POTASSIUM		4.3			(3.5-5.1)	MEQ/L
CHLORIDE		99			(97-108)	MEQ/L
CO2		29			(22-29)	MMOL/L
GLUCOSE	257 H	259 H			(70-110)	MG/DL
BUN		13			(5-20)	MG/DL
CREATININE		0.7			(0.5-1.2)	MG/DL
CALCIUM		8.3 L			(8.4-10.5)	MG/DL
OSMOLALITY		291			(275-295)	MOM/KG
PH (ART)	7.50 H	7.42		7.15 C	(7.35-7.45)	
PCO2 ART.	36	43		87 C	(32-48)	MMHG
PO2 ART.	118 H	135 Hf		33 Cf	(80-108)	MMHG
HCO3- ART.	28.4 H	28.1 H		30.8 H	(22.0-26.0)	MMOL/L
BASE EX. ART.	5.7	3.8		-.1		MMOL/L
O2 SAT ART.	99	99		44 C	(95-99)	%
Fio2	40	100		NO VALUE	(21-100)	%
PEEP	8	8		NO VALUE	(1-40)	CM H2O
EFF PEEP	NO VALUE	NO VALUE		NO VALUE	(1-45)	CM H2O

96 1720 PO2 ART.
96 1455 PO2 ART.

ABG DOUBLE CHECKED .

ABG DOUBLE CHECKED . CALLED RN . RN SAID THE SPECIMEN IS DEFINITELY ARTERIAL AND SHE WANTS RESULTS IN THE COMPUTER .

██████████/96 ██████████96 ██████████96 ██████████/96
1345 1210 0820 0530

REF	RANGE	UNITS
-----	-------	-------

PROFILE

GLUCOSE		139 H	198 H		(70-110)	MG/DL
PH (ART)	7.42	7.42		7.44	(7.35-7.45)	
PCO2 ART.	44	44		35	(32-48)	MMHG
PO2 ART.	121 H	137 H		170 H	(80-108)	MMHG
HCO3- ART.	28.7 H	28.9 H		23.8	(22.0-26.0)	MMOL/L
BASE EX. ART.	4.2	4.4		.8		MMOL/L
O2 SAT ART.	99	99		100 H	(95-99)	%
Fio2	40	40		40	(21-100)	%
PEEP		8		8	(1-40)	CM H2O
EFF PEEP				NO VALUE	(1-45)	CM H2O
IONIZED CA				3.4 L	(4.5-5.3)	MG/DL

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 87 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96			
COLL. TIME	0350	2355	2130	1700			
TEST NAME	PROFILE				REF RANGE	UNITS	
SODIUM	135				(135-148)	MEQ/L	
POTASSIUM	4.0				(3.5-5.1)	MEQ/L	
CHLORIDE	98				(97-108)	MEQ/L	
CO2	31 H				(22-29)	MMOL/L	
GLUCOSE	231 H	249 H	231 H	135 H	(70-110)	MG/DL	
BUN	10				(5-20)	MG/DL	
CREATININE	0.6				(0.5-1.2)	MG/DL	
CALCIUM	8.4				(8.4-10.5)	MG/DL	
OSMOLALITY	282				(275-295)	MOM/KG	

COLL. DATE	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96			
COLL. TIME	1320	0925	0430	0130			
TEST NAME	PROFILE				REF RANGE	UNITS	
SODIUM			140		(135-148)	MEQ/L	
POTASSIUM			3.8		(3.5-5.1)	MEQ/L	
CHLORIDE			107		(97-108)	MEQ/L	
CO2			28		(22-29)	MMOL/L	
GLUCOSE	141 H	330 C	202 H	206 H	(70-110)	MG/DL	
BUN			13		(5-20)	MG/DL	
CREATININE			0.7		(0.5-1.2)	MG/DL	
CALCIUM			8.5		(8.4-10.5)	MG/DL	
OSMOLALITY			292		(275-295)	MOM/KG	
PH (ART)			7.48 H		(7.35-7.45)		
PCO2 ART.			31 L		(32-48)	MMHG	
PO2 ART.			177 H		(80-108)	MMHG	
HCO3- ART.			23.4		(22.0-26.0)	MMOL/L	
BASE EX. ART.			1.3			MMOL/L	
O2 SAT ART.			99		(95-99)	%	
Fio2			40		(21-100)	%	
PEEP			8		(1-40)	CM H2O	
IONIZED CA			3.7 L		(4.5-5.3)	MG/DL	

LEGEND

L=LOW, H=HIGH, C=CRITICAL

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] /96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	96	96	96	96		
COLL. TIME	2245	2055	1730	1410		
TEST NAME					REF RANGE	UNITS
					PROFILE	
SODIUM				137	(135-148)	MEQ/L
POTASSIUM				5.3 H	(3.5-5.1)	MEQ/L
CHLORIDE				104	(97-108)	MEQ/L
CO2				19 L	(22-29)	MMOL/L
GLUCOSE	163 H	84 f	287 H	398 C	(70-110)	MG/DL
BUN				21 H	(5-20)	MG/DL
CREATININE				1.0	(0.5-1.2)	MG/DL
CALCIUM				8.1 L	(8.4-10.5)	MG/DL
OSMOLALITY				309 H	(275-295)	MOM/KG

96 2055 GLUCOSE GLUCOSE DOUBLE CHECKED .

COLL. DATE	96	96	96	96		
COLL. TIME	1235	0950	0430	2345		
TEST NAME					REF RANGE	UNITS
					PROFILE	
SODIUM	139	140 f	134 L		(135-148)	MEQ/L
POTASSIUM	5.1 f	4.1 f	5.5 H		(3.5-5.1)	MEQ/L
CHLORIDE	104	101	101		(97-108)	MEQ/L
CO2	21 L	25	27		(22-29)	MMOL/L
GLUCOSE	351 C	370 Cf	589 C	287 H	(70-110)	MG/DL
BUN	20	22 H	19		(5-20)	MG/DL
CREATININE	0.9	0.9	0.9		(0.5-1.2)	MG/DL
CALCIUM	8.0 L	8.5	8.8		(8.4-10.5)	MG/DL
PHOSPHORUS			2.3 L		(2.5-4.5)	MG/DL
ALBUMIN			3.0 L		(3.5-5.2)	G/DL
BILIRUBIN TOTAL			.9		(.2-1.3)	MG/DL
MAGNESIUM			2.0		(1.6-3.0)	MG/DL
AMYLASE			151 H		(25-125)	U/L
AST			35		(10-59)	U/L
ALK PHOS			79		(20-126)	U/L
GGT			130 H		(7-64)	U/L
STC CHOLESTEROL			145		(120-300)	MG/DL
STC TRIGLYCERID			117		(35-180)	MG/DL
LACTIC ACID VEN			.7		(.5-2.2)	MMOL/L

96 0950 SODIUM CLK [REDACTED] AT 1015 CHKED
 FOOTNOTE REVISED ON [REDACTED]/96 AT 1026 BY [REDACTED]
 96 1235 POTASSIUM CLK [REDACTED] AT 1255 NO HEMO PRESENT, CHKED
 FOOTNOTE REVISED ON [REDACTED]/96 AT 1255 BY [REDACTED]
 96 0950 POTASSIUM CLK [REDACTED] AT 1015 CHKED
 FOOTNOTE REVISED ON [REDACTED]/96 AT 1026 BY [REDACTED]
 96 0950 GLUCOSE CLK [REDACTED] AT 1015 CHKED
 FOOTNOTE REVISED ON [REDACTED]/96 AT 1026 BY [REDACTED]

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] 96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. # [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96		
COLL. TIME	1235	0950	0430	2345		
TEST NAME					REF RANGE	UNITS
					PROFILE	
OSMOLALITY	311 H	311 H	309 H		(275-295)	MOM/KG
PH (ART)			7.39		(7.35-7.45)	
PCO2 ART.			42		(32-48)	MMHG
PO2 ART.			146 H		(80-108)	MMHG
HCO3- ART.			25.8		(22.0-26.0)	MMOL/L
BASE EX. ART.			1.3			MMOL/L
O2 SAT ART.			99		(95-99)	%
FIO2			35		(21-100)	%
PEEP			8		(1-40)	CM H2O
EFF PEEP			NO VALUE		(1-45)	CM H2O
					URINALYSIS	
CREAT U RAN			19 L		(80-190)	MG/DL
NA U RANDOM			77		(40-220)	MEQ/L
K URINE RANDOM			17 L		(25-125)	MEQ/L
URINE RAND OSMO			601		(50-1200)	MOM/KG

COLL. DATE	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96		
COLL. TIME	2055	1700	1435	1225		
TEST NAME					REF RANGE	UNITS
					PROFILE	
SODIUM		138			(135-148)	MEQ/L
POTASSIUM		4.5			(3.5-5.1)	MEQ/L
CHLORIDE		101			(97-108)	MEQ/L
CO2		31 H			(22-29)	MMOL/L
GLUCOSE	300 C	328 C	323 C	317 C	(70-110)	MG/DL
BUN		16			(5-20)	MG/DL
CREATININE		0.7			(0.5-1.2)	MG/DL
CALCIUM		8.9			(8.4-10.5)	MG/DL
OSMOLALITY		291			(275-295)	MOM/KG
PH (ART)		7.49 H			(7.35-7.45)	
PCO2 ART.		35			(32-48)	MMHG
PO2 ART.		192 H			(80-108)	MMHG
HCO3- ART.		26.9 H			(22.0-26.0)	MMOL/L
BASE EX. ART.		4.4				MMOL/L
O2 SAT ART.		100 H			(95-99)	%
FIO2		NO VALUE			(21-100)	%
PEEP		NO VALUE			(1-40)	CM H2O
EFF PEEP		NO VALUE			(1-45)	CM H2O
IONIZED CA		3.9 L			(4.5-5.3)	MG/DL

LEGEND

L=LOW, H=HIGH, C=CRITICAL

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] /96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] /1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	96	96	96	96	REF RANGE	UNITS
COLL. TIME	0815	0630	0340	2350		
TEST NAME						
						PROFILE
SODIUM			139		(135-148)	MEQ/L
POTASSIUM			3.5		(3.5-5.1)	MEQ/L
CHLORIDE			106		(97-108)	MEQ/L
CO2			29		(22-29)	MMOL/L
GLUCOSE	40 Cf		150 H	252 H	(70-110)	MG/DL
BUN			13		(5-20)	MG/DL
CREATININE			0.6		(0.5-1.2)	MG/DL
CALCIUM			8.8		(8.4-10.5)	MG/DL
PHOSPHORUS			2.1 L		(2.5-4.5)	MG/DL
ALBUMIN			3.1 L		(3.5-5.2)	G/DL
BILIRUBIN TOTAL			.7		(.2-1.3)	MG/DL
MAGNESIUM			1.9		(1.6-3.0)	MG/DL
AMYLASE			170 H		(25-125)	U/L
AST			16		(10-59)	U/L
ALK PHOS			61		(20-126)	U/L
GGT			99 H		(7-64)	U/L
STC CHOLESTEROL			131		(120-300)	MG/DL
STC TRIGLYCERID			101		(35-180)	MG/DL
OSMOLALITY			286		(275-295)	MOM/KG
PH (ART)	7.42		7.46 H		(7.35-7.45)	
PCO2 ART.	44		41		(32-48)	MMHG
PO2 ART.	153 Hf		106		(80-108)	MMHG
HCO3- ART.	28.9 H		29.1 H		(22.0-26.0)	MMOL/L
BASE EX. ART.	4.6		5.5			MMOL/L
O2 SAT ART.	99		98		(95-99)	%
DIR.SAT. ART.			96.9		(94.0-99.0)	%
FIO2	40		40		(21-100)	%
PEEP	8		8		(1-40)	CM H2O
EFF PEEP	NO VALUE		NO VALUE		(1-45)	CM H2O
IONIZED CA			4.8		(4.5-5.3)	MG/DL
96 0815 GLUCOSE			LOW GLUCOSE			
96 0630 PO2 ART.			RN AT 0715	CHKED		
			FOOTNOTE REVISED ON	96 AT 0716 BY		

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] /96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 67 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	2000	1700	1410	0840	REF RANGE	UNITS
COLL. TIME						
TEST NAME						
					PROFILE	
SODIUM		145			(135-148)	MEQ/L
POTASSIUM		3.7			(3.5-5.1)	MEQ/L
CHLORIDE		111 H			(97-108)	MEQ/L
CO2		29			(22-29)	MMOL/L
GLUCOSE	265 H	203 H	226 H	269 H	(70-110)	MG/DL
BUN		14			(5-20)	MG/DL
CREATININE		0.7			(0.5-1.2)	MG/DL
CALCIUM		8.8			(8.4-10.5)	MG/DL
PHOSPHORUS		2.5			(2.5-4.5)	MG/DL
ALBUMIN		3.2 L			(3.5-5.2)	G/DL
BILIRUBIN TOTAL		.8			(.2-1.3)	MG/DL
MAGNESIUM		1.8			(1.6-3.0)	MG/DL
AMYLASE		180 H			(25-125)	U/L
AST		18			(10-59)	U/L
ALK PHOS		58			(20-126)	U/L
GGT		96 H			(7-64)	U/L
STC CHOLESTEROL		123			(120-300)	MG/DL
STC TRIGLYCERID		100			(35-180)	MG/DL
OSMOLALITY		293			(275-295)	MOM/KG
PH (ART)		7.49 H		7.41	(7.35-7.45)	
PCO2 ART.		36		41	(32-48)	MMHG
PO2 ART.		169 H		78 Lf	(80-108)	MMHG
HCO3- ART.		27.4 H		26.3 H	(22.0-26.0)	MMOL/L
BASE EX. ART.		4.8		2.1		MMOL/L
O2 SAT ART.		100 H		96	(95-99)	%
Fio2		40		40	(21-100)	%
PEEP		8		5	(1-40)	CM H2O
EFF PEEP		NO VALUE		NO VALUE	(1-45)	CM H2O
IONIZED CA		4.7			(4.5-5.3)	MG/DL

6 0840 PO2 ART.

RN [REDACTED] AT 0845 CHKD

FOOTNOTE REVISED ON [REDACTED] 96 AT 0846 BY [REDACTED]

LEGEND

L=LOW, H=HIGH, f=FOOTNOTE

Patient Name: [REDACTED]

Page: 19

Print Date/Time: [REDACTED] 96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	07/96	07/96	07/96	07/96			
COLL. TIME	0454	0430	0035	2110			
TEST NAME					REF RANGE	UNITS	
					PROFILE		
SODIUM	146				(135-148)	MEQ/L	
POTASSIUM	4.0				(3.5-5.1)	MEQ/L	
CHLORIDE	113 H				(97-108)	MEQ/L	
CO2	30 H				(22-29)	MMOL/L	
GLUCOSE	288 H	233 H	206 H		(70-110)	MG/DL	
BUN	16				(5-20)	MG/DL	
CREATININE	0.7				(0.5-1.2)	MG/DL	
CALCIUM	8.7				(8.4-10.5)	MG/DL	
PHOSPHORUS	1.4 L				(2.5-4.5)	MG/DL	
ALBUMIN	3.4 L				(3.5-5.2)	G/DL	
BILIRUBIN TOTAL	.8				(.2-1.3)	MG/DL	
MAGNESIUM	1.9				(1.6-3.0)	MG/DL	
AMYLASE	171 H				(25-125)	U/L	
AST	24				(10-59)	U/L	
ALK PHOS	52				(20-126)	U/L	
GGT	99 H				(7-64)	U/L	
STC CHOLESTEROL	112 L				(120-300)	MG/DL	
STC TRIGLYCERID	84				(35-180)	MG/DL	
LACTIC ACID VEN	1.0				(.5-2.2)	MMOL/L	
OSMOLALITY	307 H				(275-295)	MOM/KG	
PH (ART)	7.48 H				(7.35-7.45)		
PCO2 ART.	33				(32-48)	MMHG	
PO2 ART.	139 H				(80-108)	MMHG	
HCO3- ART.	24.8				(22.0-26.0)	MMOL/L	
BASE EX. ART.	2.4					MMOL/L	
O2 SAT ART.	99				(95-99)	%	
FIO2	40				(21-100)	%	
PEEP	5				(1-40)	CM H2O	
EFF PEEP	NO VALUE				(1-45)	CM H2O	
IONIZED CA	4.4 L				(4.5-5.3)	MG/DL	
					TOXICOLOGY/TDM		
DILANTIN	12.2 f					UG/ML	
FREE DILANTIN	.9 f					UG/ML	

DILANTIN (07/95 -- Current)

THERAPEUTIC RANGE: 10.0-20.0 UG/ML

FREE DILANTIN (07/95 -- Current)

EXPECTED RANGE APPROXIMATELY 10% OF TOTAL DILANTIN.

LEGEND

L=LOW, H=HIGH, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] /96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	96	96	96	96
COLL. TIME	0454	0430	0035	2110
TEST NAME				

URINALYSIS

REF RANGE	UNITS
(80-190)	MG/DL
(40-220)	MEQ/L
(25-125)	MEQ/L
(50-1200)	MOM/KG

CREAT U RAN	64 L
NA U RANDOM	156
K URINE RANDOM	11 L
URINE RAND OSMO	755

SPECIAL CHEMISTRY

REF RANGE	UNITS
(0.38-4.70)	UIU/ML
(4.5-12.0)	UG/DL
(0.72-1.24)	UNITS
(5.0-12.0)	UG/DL
(80-200)	NG/DL

TSH	1.87
T4	4.1 Lf
T3 UPTAKE	0.61 L
FTI	6.7
TOTAL T3	92

T4 (96/95 -- Current)

REF RANGE

PREGNANCY (LAST 5 MOS): 6.1-17.6 UG/DL

COLL. DATE	96	96	96	96
COLL. TIME	1830	1700	1355	1050
TEST NAME				

PROFILE

REF RANGE	UNITS
(135-148)	MEQ/L
(3.5-5.1)	MEQ/L
(97-108)	MEQ/L
(22-29)	MMOL/L
(70-110)	MG/DL
(5-20)	MG/DL
(0.5-1.2)	MG/DL
(8.4-10.5)	MG/DL
(2.5-4.5)	MG/DL
(3.5-5.2)	G/DL
(.2-1.3)	MG/DL
(1.6-3.0)	MG/DL
(25-125)	U/L
(10-59)	U/L
(20-126)	U/L
(7-64)	U/L
(120-300)	MG/DL
(35-180)	MG/DL
(.5-2.2)	MMOL/L
(275-295)	MOM/KG
(7.35-7.45)	
(32-48)	MMHG
(80-108)	MMHG

SODIUM	152 H		
POTASSIUM	4.1		
CHLORIDE	119 H		
CO2	30 H		
GLUCOSE	297 H	313 C	316 C
BUN	16		116 H
CREATININE	0.7		
CALCIUM	9.0		
PHOSPHORUS	2.3 L		
ALBUMIN	3.8		
BILIRUBIN TOTAL	1.0		
MAGNESIUM	1.9		
AMYLASE	179 H		
AST	46		
ALK PHOS	53		
GGT	98 H		
STC CHOLESTEROL	103 L		
STC TRIGLYCERID	64		
LACTIC ACID VEN	1.8		
OSMOLALITY	318 H		
PH (ART)	7.44	7.38	
PCO2 ART.	37	46	
PO2 ART.	143 H	157 H	

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] 96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	[REDACTED] 96	[REDACTED] /96	[REDACTED] 96	[REDACTED] /96		
COLL. TIME	1830	1700	1355	1050		
TEST NAME					REF RANGE	UNITS
	PROFILE					
HCO3- ART.	25.4	27.1 H			(22.0-26.0)	MMOL/L
BASE EX. ART.	2.0	2.0				MMOL/L
O2 SAT ART.	99	99			(95-99)	%
Fio2	NO VALUE	NO VALUE			(21-100)	%
PEEP	NO VALUE	NO VALUE			(1-40)	CM H2O
EFF PEEP	NO VALUE	NO VALUE			(1-45)	CM H2O
IONIZED CA		4.6			(4.5-5.3)	MG/DL

COLL. DATE	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96		
COLL. TIME	0820	0430	0040	2317		
TEST NAME					REF RANGE	UNITS
	PROFILE					
SODIUM		153 H			(135-148)	MEQ/L
POTASSIUM		2.8 Cf			(3.5-5.1)	MEQ/L
CHLORIDE		117 H			(97-108)	MEQ/L
CO2		31 H			(22-29)	MMOL/L
GLUCOSE	129 H	237 Hf	324 C		(70-110)	MG/DL
BUN		15			(5-20)	MG/DL
CREATININE		0.7			(0.5-1.2)	MG/DL
CALCIUM		8.6			(8.4-10.5)	MG/DL
PHOSPHORUS		1.5 L			(2.5-4.5)	MG/DL
ALBUMIN		3.9			(3.5-5.2)	G/DL
BILIRUBIN TOTAL		.9			(.2-1.3)	MG/DL
MAGNESIUM		1.8			(1.6-3.0)	MG/DL
AMYLASE		166 H			(25-125)	U/L
AST		20			(10-59)	U/L
ALK PHOS		49			(20-126)	U/L
GGT		65 H			(7-64)	U/L
STC CHOLESTEROL		98 L			(120-300)	MG/DL
STC TRIGLYCERID		60			(35-180)	MG/DL
LACTIC ACID VEN		1.4			(.5-2.2)	MMOL/L
OSMOLALITY		313 H			(275-295)	MOM/KG
PH (ART)	7.45	7.51 H			(7.35-7.45)	
PCO2 ART.	38	31 L			(32-48)	MMHG
PO2 ART.	167 H	187 H			(80-108)	MMHG
HCO3- ART.	26.6 H	25.4			(22.0-26.0)	MMOL/L
BASE EX. ART.	3.1	3.7				MMOL/L
O2 SAT ART.	99	100 H			(95-99)	%
Fio2	40	40			(21-100)	%
PEEP	5	5			(1-40)	CM H2O
[REDACTED] 96 0430	POTASSIUM	DOUBLE CHECK RESULT				
[REDACTED] 96 0430	GLUCOSE	DOUBLE CHECK RESULTS				

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] 96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	96	/96	/96	/96		
COLL. TIME	0820	0430	0040	2317		
TEST NAME					REF RANGE	UNITS
EFF PEEP	NO VALUE	NO VALUE			(1-45)	CM H2O
IONIZED CA		3.5 L			(4.5-5.3)	MG/DL
DILANTIN		21.3 f				UG/ML
FREE DILANTIN		1.4 f				UG/ML
APPEARANCE						
COLOR						
SPEC GRAVITY					(1.002-1.030)	
GLUCOSE					(0)	
BILIRUBIN					(0)	
KETONES					(0)	
BLOOD					(0)	
PH					(4.5-8.0)	
PROTEIN					(0)	
UROBILINOGEN					(NORMAL)	MG/DL
NITRATE					(NEGATIVE)	
LEUKOCYTE ESTER					(0)	
WBC/HPF						/HPF
RBC/HPF						/HPF
SQUAMOUS EPITH						/HPF
BACTERIA						
MUCUS						
SEDIMENT						
CREAT U RAN		69 L			(80-190)	MG/DL
NA U RANDOM		43			(40-220)	MEQ/L
K URINE RANDOM		37			(25-125)	MEQ/L
URINE RAND OSMO		502			(50-1200)	MOM/KG

LEGEND

L=LOW, *=ABNORMAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	2/96	3/96	4/96	5/96	REF RANGE	UNITS
COLL. TIME	2115	1700	1600	1230		
TEST NAME	PROFILE					
SODIUM		152 H			(135-148)	MEQ/L
POTASSIUM		3.5			(3.5-5.1)	MEQ/L
CHLORIDE		118 H			(97-108)	MEQ/L
CO2		30 H			(22-29)	MMOL/L
GLUCOSE	327 C	198 H	121 H	273 H	(70-110)	MG/DL
BUN		15			(5-20)	MG/DL
CREATININE		0.7			(0.5-1.2)	MG/DL
CALCIUM		8.9			(8.4-10.5)	MG/DL
PHOSPHORUS		.9 C			(2.5-4.5)	MG/DL
ALBUMIN		3.5			(3.5-5.2)	G/DL
BILIRUBIN TOTAL		1.4 H			(.2-1.3)	MG/DL
MAGNESIUM		1.7			(1.6-3.0)	MG/DL
AMYLASE		202 H			(25-125)	U/L
AST		16			(10-59)	U/L
ALK PHOS		57			(20-126)	U/L
GGT		51			(7-64)	U/L
STC CHOLESTEROL		108 L			(120-300)	MG/DL
STC TRIGLYCERID		48			(35-180)	MG/DL
OSMOLALITY		308 H			(275-295)	MOM/KG
PH (ART)		7.51 H	7.55 H	7.37	(7.35-7.45)	
PCO2 ART.		33	33	53 H	(32-48)	MMHG
PO2 ART.		213 H	198 H	184 H	(80-108)	MMHG
HCO3- ART.		26.4 H	29.3 H	31.0 H	(22.0-26.0)	MMOL/L
BASE EX. ART.		4.5	7.7	5.0		MMOL/L
O2 SAT ART.		100 H	100 H	100 H	(95-99)	%
FiO2		40	40	40	(21-100)	%
PEEP		5	5	5	(1-40)	CM H2O
EFF PEEP		NO VALUE	NO VALUE		(1-45)	CM H2O

LEGEND

L=LOW, H=HIGH, C=CRITICAL

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] /96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	96	96	96	96		
COLL. TIME	0815	0430	0200	2145		
TEST NAME					REF RANGE	UNITS
					PROFILE	
SODIUM		154 H			(135-148)	MEQ/L
POTASSIUM		3.8			(3.5-5.1)	MEQ/L
CHLORIDE		122 C			(97-108)	MEQ/L
CO2		31 H			(22-29)	MMOL/L
GLUCOSE	271 H	273 H	380 C	248 H	(70-110)	MG/DL
BUN		19			(5-20)	MG/DL
CREATININE		0.8			(0.5-1.2)	MG/DL
CALCIUM		9.3			(8.4-10.5)	MG/DL
PHOSPHORUS		2.2 L			(2.5-4.5)	MG/DL
ALBUMIN		2.9 L			(3.5-5.2)	G/DL
BILIRUBIN TOTAL		.5			(.2-1.3)	MG/DL
MAGNESIUM		2.0			(1.6-3.0)	MG/DL
AMYLASE		171 H			(25-125)	U/L
AST		11			(10-59)	U/L
ALK PHOS		63			(20-126)	U/L
GGT		54			(7-64)	U/L
STC CHOLESTEROL		128			(120-300)	MG/DL
STC TRIGLYCERID		71			(35-180)	MG/DL
OSMOLALITY		325 H			(275-295)	MOM/KG
PH (ART)	7.47 H	7.39			(7.35-7.45)	
PCO2 ART.	39	47			(32-48)	MMHG
PO2 ART.	209 H	180 H			(80-108)	MMHG
HCO3- ART.	28.5 H	29.1 H			(22.0-25.0)	MMOL/L
BASE EX. ART.	5.2	3.9				MMOL/L
O2 SAT ART.	100 H	100 H			(95-99)	%
FIO2	40	40			(21-100)	%
PEEP	5	5			(1-40)	CM H2O
EFF PEEP	NO VALUE	NO VALUE			(1-45)	CM H2O
					TOXICOLOGY/TDM	
DILANTIN		19.7 f				UG/ML
FREE DILANTIN		1.8 f				UG/ML

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] 96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	/96	/96	/96	/96	REF RANGE	UNITS
COLL. TIME	1812	1650	1435	1005		
TEST NAME	PROFILE					
SODIUM	150 H			146	(135-148)	MEQ/L
POTASSIUM	3.8			4.5	(3.5-5.1)	MEQ/L
CHLORIDE	118 H			112 H	(97-108)	MEQ/L
CO2	27			27	(22-29)	MMOL/L
GLUCOSE	336 C	361 C		481 C	(70-110)	MG/DL
BUN	25 H			27 H	(5-20)	MG/DL
CREATININE	0.7			0.8	(0.5-1.2)	MG/DL
CALCIUM	8.6			8.7	(8.4-10.5)	MG/DL
PHOSPHORUS	3.2				(2.5-4.5)	MG/DL
ALBUMIN	3.0 L				(3.5-5.2)	G/DL
BILIRUBIN TOTAL	.5				(.2-1.3)	MG/DL
MAGNESIUM	2.4				(1.6-3.0)	MG/DL
AMYLASE	174 H				(25-125)	U/L
AST	11				(10-59)	U/L
ALK PHOS	58				(20-126)	U/L
GGT	53				(7-64)	U/L
STC CHOLESTEROL	118 L				(120-300)	MG/DL
STC TRIGLYCERID	69				(35-180)	MG/DL
LACTIC ACID VEN	.9				(.5-2.2)	MMOL/L
OSMOLALITY	325 H			326 H	(275-295)	MOM/KG
PH (ART)	7.38				(7.35-7.45)	
PCO2 ART.	36				(32-48)	MMHG
PO2 ART.	180 H				(80-108)	MMHG
HCO3- ART.	21.8 L				(22.0-26.0)	MMOL/L
BASE EX. ART.	-2.2					MMOL/L
O2 SAT ART.	100 H				(95-99)	%
Fio2	40				(21-100)	%
PEEP	5				(1-40)	CM H2O
EFF PEEP	NO VALUE				(1-45)	CM H2O
IONIZED CA	3.7 L				(4.5-5.3)	MG/DL

URINALYSIS

APPEARANCE	CLEAR	
COLOR	YELLOW	
SPEC GRAVITY	1.021	(1.002-1.030)
GLUCOSE	3+ *f	(0)
BILIRUBIN	0	(0)
KETONES	0	(0)
BLOOD	0	(0)
PH	5.0	(4.5-8.0)

96 1812 GLUCOSE

CHECKED AND CONFIRMED
 ASCORBIC ACID PRESENT, THIS MAY CAUSE UNDERESTIMATION OF GLUCOSE AND BLOOD ON
 CHEMICAL SCREEN

LEGEND

L=LOW, H=HIGH, C=CRITICAL, *=ABNORMAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96
COLL. TIME	1812	1650	1435	1005
TEST NAME				

URINALYSIS

TEST NAME	REF RANGE	UNITS
PROTEIN	TRACE *	(0)
UROBILINOGEN	NORMAL	(NORMAL)
NITRATE	NEGATIVE	(NEGATIVE)
LEUKOCYTE ESTER	0	(0)
WBC/HPF	0-2	/HPF
RBC/HPF	0-2	/HPF
SQUAMOUS EPITH	0-2	/HPF
BACTERIA	NEGATIVE	
MUCUS	NEGATIVE	
SEDIMENT	NEGATIVE	

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96
COLL. TIME	0615	0430	0015	2030
TEST NAME				

PROFILE

TEST NAME	REF RANGE	UNITS
SODIUM	151 H	(135-148) MEQ/L
POTASSIUM	4.0	(3.5-5.1) MEQ/L
CHLORIDE	116 H	(97-108) MEQ/L
CO2	28	(22-29) MMOL/L
GLUCOSE	67 L	(70-110) MG/DL
BUN	24 H	(5-20) MG/DL
CREATININE	0.6	(0.5-1.2) MG/DL
CALCIUM	9.0	(8.4-10.5) MG/DL
PHOSPHORUS		(2.5-4.5) MG/DL
ALBUMIN		(3.5-5.2) G/DL
BILIRUBIN TOTAL		(.2-1.3) MG/DL
MAGNESIUM		(1.6-3.0) MG/DL
AMYLASE		(25-125) U/L
AST		(10-59) U/L
ALK PHOS		(20-126) U/L
GGT		(7-64) U/L
STC CHOLESTEROL		(120-300) MG/DL
STC TRIGLYCERID		(35-180) MG/DL
OSMOLALITY	313 H	(275-295) MOM/KG
PH (ART)	7.40	(7.35-7.45)
PCO2 ART.	42	(32-48) MMHG
PO2 ART.	150 H	(80-108) MMHG

[REDACTED]/96 0430	SODIUM	DOUBLE CHECK RESULTS
[REDACTED]/96 0430	POTASSIUM	DOUBLE CHECK RESULTS
[REDACTED]/96 0430	GLUCOSE	DOUBLE CHECK RESULTS
[REDACTED]/96 0015	GLUCOSE	DOUBLE CHECK RESULTS
[REDACTED]/96 0430	AMYLASE	DOUBLE CHECK RESULTS

LEGEND

L=LOW, H=HIGH, C=CRITICAL, *=ABNORMAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	/96	/96	/96	/96	REF RANGE	UNITS
COLL. TIME	0615	0430	0015	2030		
TEST NAME						
	PROFILE					
HCO3- ART.		26.6 H		25.7	(22.0-26.0)	MMOL/L
BASE EX. ART.		2.2		1.1		MMOL/L
O2 SAT ART.		99		100 H	(95-99)	%
Fio2		40		40	(21-100)	%
PEEP		5		5	(1-40)	CM H2O
EFF PEEP		NO VALUE		NO VALUE	(1-45)	CM H2O
	TOXICOLOGY/TDM					
DILANTIN		24.7 f				UG/ML
FREE DILANTIN		1.9 f				UG/ML

COLL. DATE	/96	/96	/96	/96	REF RANGE	UNITS
COLL. TIME	1700	1130	0430	2300		
TEST NAME						
	PROFILE					
SODIUM	144		145		(135-148)	MEQ/L
POTASSIUM	4.1		4.0		(3.5-5.1)	MEQ/L
CHLORIDE	115 H		118 H		(97-108)	MEQ/L
CO2	26		25		(22-29)	MMOL/L
GLUCOSE	424 C	362 C	250 H	323 C	(70-110)	MG/DL
BUN	26 H		24 H		(5-20)	MG/DL
CREATININE	0.7		0.6		(0.5-1.2)	MG/DL
CALCIUM	8.9		9.0		(8.4-10.5)	MG/DL
PHOSPHORUS			2.5		(2.5-4.5)	MG/DL
ALBUMIN			3.6		(3.5-5.2)	G/DL
BILIRUBIN TOTAL			.9		(.2-1.3)	MG/DL
MAGNESIUM			2.1		(1.6-3.0)	MG/DL
AMYLASE			116		(25-125)	U/L
AST			10		(10-59)	U/L
ALK PHOS			55		(20-126)	U/L
GGT			16		(7-64)	U/L
STC CHOLESTEROL			121		(120-300)	MG/DL
STC TRIGLYCERID			97		(35-180)	MG/DL
LACTIC ACID VEN			.7		(.5-2.2)	MMOL/L
OSMOLALITY	288		307 H		(275-295)	MOM/KG
PH (ART)	7.46 H		7.45		(7.35-7.45)	
PCO2 ART.	33		29 L		(32-48)	MMHG
PO2 ART.	184 H		149 Hf		(80-108)	MMHG
HCO3- ART.	24.0		20.2 L		(22.0-26.0)	MMOL/L
BASE EX. ART.	1.4		-1.9			MMOL/L
O2 SAT ART.	100 H		99		(95-99)	%
Fio2	NO VALUE		40		(21-100)	%
/96 0430 PO2 ART.	DOUBLE CHECK RESULTS					

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

CHEMISTRY

REF	RANGE	UNITS
	(1-40)	CM H2O
	(1-45)	CM H2O
	(4.5-5.3)	MG/DL

PEEP	NO VALUE	5	(1-40)	CM H2O
EFF PEEP	NO VALUE	NO VALUE	(1-45)	CM H2O
IONIZED CA	4.6	4.1 L	(4.5-5.3)	MG/DL

DILANTIN	23.8 f	UG/ML
FREE DILANTIN	2.0 f	UG/ML

CREAT U RAN	22 L	(80-190)	MG/DL
NA U RANDOM	155	(40-220)	MEQ/L
K URINE RANDOM	22 L	(25-125)	MEQ/L
URINE RAND OSMO	548	(50-1200)	MOM/KG

COLL. DATE	██████████ 96	██████████ /96	██████████ /96	██████████ /96
COLL. TIME	1713	1700	1430	1050
TEST NAME				

REF RANGE	UNITS
(135-148)	MEQ/L
(3.5-5.1)	MEQ/L
(97-108)	MEQ/L
(22-29)	MMOL/L
(70-110)	MG/DL
(5-20)	MG/DL
(0.5-1.2)	MG/DL
(8.4-10.5)	MG/DL
(2.5-4.5)	MG/DL
(3.5-5.2)	G/DL
(.2-1.3)	MG/DL
(1.6-3.0)	MG/DL
(25-125)	U/L
(10-59)	U/L
(20-126)	U/L
(7-64)	U/L
(120-300)	MG/DL
(35-180)	MG/DL
(.5-2.2)	MMOL/L
(275-295)	MOM/KG
(7.35-7.45)	
(32-48)	MMHG
(80-108)	MMHG
(22.0-26.0)	MMOL/L
	MMOL/L
(95-99)	%

SODIUM	143		(135-148)	MEQ/L
POTASSIUM	4.5		(3.5-5.1)	MEQ/L
CHLORIDE	117 H		(97-108)	MEQ/L
CO2	23		(22-29)	MMOL/L
GLUCOSE	323 C	134 H	(70-110)	MG/DL
BUN	23 H		(5-20)	MG/DL
CREATININE	0.8		(0.5-1.2)	MG/DL
CALCIUM	8.6		(8.4-10.5)	MG/DL
PHOSPHORUS	2.6		(2.5-4.5)	MG/DL
ALBUMIN	3.4 L		(3.5-5.2)	G/DL
BILIRUBIN TOTAL	.9		(.2-1.3)	MG/DL
MAGNESIUM	1.9		(1.6-3.0)	MG/DL
AMYLASE	69		(25-125)	U/L
AST	12		(10-59)	U/L
ALK PHOS	49		(20-126)	U/L
GGT	15		(7-64)	U/L
STC CHOLESTEROL	113 L		(120-300)	MG/DL
STC TRIGLYCERID	74		(35-180)	MG/DL
LACTIC ACID VEN	.6		(.5-2.2)	MMOL/L
OSMOLALITY	311 H		(275-295)	MOM/KG
PH (ART)	7.42	7.41	(7.35-7.45)	
PCO2 ART.	32	34	(32-48)	MMHG
PO2 ART.	202 H	230 H	(80-108)	MMHG
HCO3- ART.	21.2 L	21.9 L	(22.0-26.0)	MMOL/L
BASE EX. ART.	-1.8	-1.4		MMOL/L
O2 SAT ART.	100 H	100 H	(95-99)	%

LEGEND
L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: 04/11/96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 7/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96		
COLL. TIME	1713	1700	1430	1050		
TEST NAME					REF RANGE	UNITS
	PROFILE					
Fio2		40	40		(21-100)	%
PEEP		5	5		(1-40)	CM H2O
EFF PEEP		NO VALUE	NO VALUE		(1-45)	CM H2O
IONIZED CA		4.7			(4.5-5.3)	MG/DL

SPECIAL CHEMISTRY

T4	5.8 f				(4.5-12.0)	UG/DL
TOTAL T3	45 L				(80-200)	NG/DL

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96		
COLL. TIME	0430	0010	1700	1100		
TEST NAME					REF RANGE	UNITS
	PROFILE					
SODIUM	144		146		(135-148)	MEQ/L
POTASSIUM	3.6		4.1		(3.5-5.1)	MEQ/L
CHLORIDE	120 C		120 C		(97-108)	MEQ/L
CO2	24		21 L		(22-29)	MMOL/L
GLUCOSE	267 H	259 H	226 H	271 H	(70-110)	MG/DL
BUN	27 H		27 H		(5-20)	MG/DL
CREATININE	0.7		0.8		(0.5-1.2)	MG/DL
CALCIUM	8.9		9.2		(8.4-10.5)	MG/DL
PHOSPHORUS	1.4 L		3.2		(2.5-4.5)	MG/DL
ALBUMIN	3.5		3.6		(3.5-5.2)	G/DL
BILIRUBIN TOTAL	.8		1.0		(.2-1.3)	MG/DL
MAGNESIUM	1.9		2.0		(1.6-3.0)	MG/DL
AMYLASE	25		23 L		(25-125)	U/L
AST	16		17		(10-59)	U/L
ALK PHOS	49		44		(20-126)	U/L
GGT	17		16		(7-64)	U/L
STC CHOLESTEROL	114 L		98 L		(120-300)	MG/DL
STC TRIGLYCERID	69		58		(35-180)	MG/DL
LACTIC ACID VEN	.8				(.5-2.2)	MMOL/L
OSMOLALITY	311 H		312 H		(275-295)	MOM/KG
PH (ART)	7.43		7.37		(7.35-7.45)	
PCO2 ART.	31 L		34		(32-48)	MMHG
PO2 ART.	182 H		146 H		(80-108)	MMHG
HCO3- ART.	20.9 L		19.7 L		(22.0-26.0)	MMOL/L
BASE EX. ART.	-1.8		-4.1			MMOL/L
O2 SAT ART.	100 H		99		(95-99)	%
Fio2	40		40		(21-100)	%
PEEP	5		5		(1-40)	CM H2O
EFF PEEP	NO VALUE		NO VALUE		(1-45)	CM H2O
IONIZED CA	4.8		4.6		(4.5-5.3)	MG/DL

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] 96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	REF RANGE	UNITS
COLL. TIME	0430	0010	1700	1100		
TEST NAME						
					TOXICOLOGY/TDM	
DILANTIN	24.3 f					UG/ML
FREE DILANTIN	2.0 f					UG/ML
					URINALYSIS	
CREAT U RAN	18 L				(80-190)	MG/DL
NA U RANDOM	145				(40-220)	MEQ/L
K URINE RANDOM	14 L				(25-125)	MEQ/L
URINE RAND OSMO	528				(50-1200)	MOM/KG

COLL. DATE	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	[REDACTED] 96	REF RANGE	UNITS
COLL. TIME	0850	0435	0430	0005		
TEST NAME						
					PROFILE	
SODIUM			144		(135-148)	MEQ/L
POTASSIUM			3.7		(3.5-5.1)	MEQ/L
CHLORIDE			118 H		(97-108)	MEQ/L
CO2			23		(22-29)	MMOL/L
GLUCOSE			144 H		(70-110)	MG/DL
BUN			22 H		(5-20)	MG/DL
CREATININE			0.8		(0.5-1.2)	MG/DL
CALCIUM			9.4		(8.4-10.5)	MG/DL
PHOSPHORUS			2.3 L		(2.5-4.5)	MG/DL
ALBUMIN			4.3		(3.5-5.2)	G/DL
BILIRUBIN TOTAL			1.2		(.2-1.3)	MG/DL
MAGNESIUM			1.9		(1.6-3.0)	MG/DL
AMYLASE			37		(25-125)	U/L
AST			18		(10-59)	U/L
ALK PHOS			48		(20-126)	U/L
GGT			15		(7-64)	U/L
STC CHOLESTEROL			97 L		(120-300)	MG/DL
STC TRIGLYCERID			29 L		(35-180)	MG/DL
LACTIC ACID VEN			1.0		(.5-2.2)	MMOL/L
OSMOLALITY			298 H		(275-295)	MOM/KG
PH (ART)	7.40		7.45	7.43	(7.35-7.45)	
PCO2 ART.	31 L		30 L	32	(32-48)	MMHG
PO2 ART.	467 C		191 H	169 H	(80-108)	MMHG
HCO3- ART.	19.5 L		21.2 L	21.0 L	(22.0-26.0)	MMOL/L
BASE EX. ART.	-3.5		-1.1	-1.8		MMOL/L
O2 SAT ART.	100 H		100 H	100 H	(95-99)	%
Fio2	100		NO VALUE	40	(21-100)	%
PEEP	10		NO VALUE	5	(1-40)	CM H2O
EFF PEEP	NO VALUE		NO VALUE	NO VALUE	(1-45)	CM H2O
IONIZED CA			4.6		(4.5-5.3)	MG/DL

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96		
COLL. TIME	0850	0435	0430	0005		
TEST NAME					REF RANGE	UNITS
TOXICOLOGY/TDM						
DILANTIN			24.6 f			UG/ML
FREE DILANTIN			1.9 f			UG/ML
URINALYSIS						
CREAT U RAN			63 L		(80-190)	MG/DL
NA U RANDOM			59		(40-220)	MEQ/L
K URINE RANDOM			32		(25-125)	MEQ/L
URINE RAND OSMO			452		(50-1200)	MOM/KG
SPECIAL CHEMISTRY						
TSH		<0.08L			(0.38-4.70)	UIU/ML
T4		7.1 f			(4.5-12.0)	UG/DL
T3 UPTAKE		0.76			(0.72-1.24)	UNITS
FTI		9.3			(5.0-12.0)	UG/DL

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96		
COLL. TIME	2300	2020	1700	1600		
TEST NAME					REF RANGE	UNITS
PROFILE						
SODIUM	142		141		(135-148)	MEQ/L
POTASSIUM	3.7		3.9		(3.5-5.1)	MEQ/L
CHLORIDE	113 H		114 H		(97-108)	MEQ/L
CO2	22		23		(22-29)	MMOL/L
GLUCOSE	259 H	293 H	267 H	228 H	(70-110)	MG/DL
BUN	23 H		14		(5-20)	MG/DL
CREATININE	1.0		0.9		(0.5-1.2)	MG/DL
CALCIUM	9.0		8.9		(8.4-10.5)	MG/DL
PHOSPHORUS			4.1		(2.5-4.5)	MG/DL
ALBUMIN			3.3 L		(3.5-5.2)	G/DL
BILIRUBIN TOTAL			1.4 H		(.2-1.3)	MG/DL
MAGNESIUM			1.8		(1.6-3.0)	MG/DL
AMYLASE			48		(25-125)	U/L
AST			19		(10-59)	U/L
ALK PHOS			61		(20-126)	U/L
GGT			17		(7-64)	U/L
STC CHOLESTEROL			110 L		(120-300)	MG/DL
STC TRIGLYCERID			18 L		(35-180)	MG/DL
LACTIC ACID VEN			.9		(.5-2.2)	MMOL/L
OSMOLALITY	302 H		301 H		(275-295)	MOM/KG
PH (ART)			7.40		(7.35-7.45)	
PCO2 ART.			32		(32-48)	MMHG
PO2 ART.			173 H		(80-108)	MMHG
HCO3- ART.			19.8 L		(22.0-26.0)	MMOL/L
BASE EX. ART.			-3.3			MMOL/L

LEGEND

L=LOW, H=HIGH, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

CHEMISTRY

COLL. DATE	2000/96	2000/96	2000/96	2000/96		
COLL. TIME	2300	2020	1700	1600		
TEST NAME					REF RANGE	UNITS
					PROFILE	
O2 SAT ART.			100 H		(95-99)	%
Fio2			40		(21-100)	%
PEEP			5		(1-40)	CM H2O
EFF PEEP			NO VALUE		(1-45)	CM H2O
IONIZED CA			4.6		(4.5-5.3)	MG/DL

COLL. DATE	1200	1100	0825	0800	REF RANGE	UNITS
TEST NAME	PROFILE					
SODIUM		140			(135-148)	MEQ/L
POTASSIUM		3.8			(3.5-5.1)	MEQ/L
CHLORIDE		111 H			(97-108)	MEQ/L
CO2		23			(22-29)	MMOL/L
GLUCOSE	147 H	151 H		213 H	(70-110)	MG/DL
BUN		10			(5-20)	MG/DL
CREATININE		0.9			(0.5-1.2)	MG/DL
CALCIUM		9.2			(8.4-10.5)	MG/DL
PHOSPHORUS		3.0			(2.5-4.5)	MG/DL
ALBUMIN		3.5			(3.5-5.2)	G/DL
BILIRUBIN TOTAL		1.4 H			(.2-1.3)	MG/DL
MAGNESIUM		1.7			(1.6-3.0)	MG/DL
AMYLASE		50			(25-125)	U/L
AST		26			(10-59)	U/L
ALK PHOS		60			(20-126)	U/L
GGT		15			(7-54)	U/L
STC CHOLESTEROL		116 L			(120-300)	MG/DL
STC TRIGLYCERID		18 L			(35-180)	MG/DL
LACTIC ACID VEN		2.0			(.5-2.2)	MMOL/L
OSMOLALITY		297 H			(275-295)	MOM/KG
PH (ART)		7.43			(7.35-7.45)	
PCO2 ART.		32			(32-48)	MMHG
PO2 ART.		198 H			(80-108)	MMHG
HCO3- ART.		21.1 L			(22.0-26.0)	MMOL/L
BASE EX. ART.		-1.7				MMOL/L
O2 SAT ART.		100 H			(95-99)	%
Fio2		30			(21-100)	%
PEEP		5			(1-40)	CM H2O
EFF PEEP		NO VALUE			(1-45)	CM H2O
IONIZED CA		4.6			(4.5-5.3)	MG/DL

LEGEND
L=LOW, H=HIGH

Patient Name: H [REDACTED]

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Print Date/Time: 04/03/96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	COLL. TIME	TEST NAME	REF RANGE	UNITS
[REDACTED]/96	1200	TSH	<0.08L f	UIU/ML
[REDACTED]/96	1100	T4	10.2 f	UG/DL
[REDACTED]/96	0825	T3 UPTAKE	0.88	UNITS
[REDACTED]/96	0800	FTI	11.6	UG/DL

SPECIAL CHEMISTRY

[REDACTED]/96 0825 TSH CHECKED AND CONFIRMED

COLL. DATE	COLL. TIME	TEST NAME	REF RANGE	UNITS
[REDACTED]/96	0700	SODIUM	135	MEQ/L
[REDACTED]/96	0500	POTASSIUM	3.8	MEQ/L
[REDACTED]/96	0355	CHLORIDE	106	MEQ/L
[REDACTED]/96	0135	CO2	20 L	MMOL/L
		GLUCOSE	260 H	MG/DL
		BUN	9	MG/DL
		CREATININE	0.8	MG/DL
		CALCIUM	8.9	MG/DL
		PHOSPHORUS	2.0 L	MG/DL
		ALBUMIN	3.5	G/DL
		BILIRUBIN TOTAL	1.9 H	MG/DL
		MAGNESIUM	1.5 L	MG/DL
		AMYLASE	51	U/L
		AST	23	U/L
		ALK PHOS	62	U/L
		GGT	14	U/L
		STC CHOLESTEROL	117 L	MG/DL
		STC TRIGLYCERID	22 L	MG/DL
		LACTIC ACID VEN	2.1	MMOL/L
		OSMOLALITY	294	MOM/KG
		PH (ART)	7.43 7.47 H 7.49 H 7.52 H	(7.35-7.45)
		PCO2 ART.	31 L 26 L 25 L 24 L	(32-48)
		PO2 ART.	185 H 229 H 459 C 215 H	(80-108)
		HCO3- ART.	20.7 L 19.1 L 19.0 L 19.9 L	(22.0-26.0)
		BASE EX. ART.	-2.1 -2.3 -2.4 -.5	MMOL/L
		O2 SAT ART.	100 H 100 H 100 H 100 H	(95-99)
		DIR. SAT. ART.	98.2	(94.0-99.0)
		FIO2	40 NO VALUE 100 40	(21-100)
		PEEP	5 NO VALUE 5 5	(1-40)
		EFF PEEP	NO VALUE NO VALUE NO VALUE NO VALUE	(1-45)
		IONIZED CA	4.2 L	(4.5-5.3)

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] 96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	COLL. TIME	TEST NAME
[REDACTED]/96	0700	
[REDACTED]/96	0500	
[REDACTED]/96	0355	
[REDACTED]/96	0135	

DILANTIN
 FREE DILANTIN

19.1 f
 2.0 f

TOXICOLOGY/TDM

REF RANGE

UNITS

UG/ML

UG/ML

COLL. DATE	COLL. TIME	TEST NAME
[REDACTED] 6	0040	
[REDACTED] 6	2325	
[REDACTED] 96	2258	
[REDACTED] 96	2155	

PROFILE

REF RANGE

UNITS

SODIUM	135	
POTASSIUM	3.9	
CHLORIDE	104	
CO2	23	
GLUCOSE	136 H	
BUN	7	
CREATININE	0.7	
CALCIUM	8.7	
OSMOLALITY	291	
PH (ART)	7.43	7.37
PCO2 ART.	32	39
PO2 ART.	265 H	492 C
HCO3- ART.	20.8 L	22.7
BASE EX. ART.	-1.9	-1.7
O2 SAT ART.	100 H	99
Fio2	50	NO VALUE
PEEP	5	NO VALUE
EFF PEEP	NO VALUE	NO VALUE
IONIZED CA		4.3 L

(135-148)	MEQ/L
(3.5-5.1)	MEQ/L
(97-108)	MEQ/L
(22-29)	MMOL/L
(70-110)	MG/DL
(5-20)	MG/DL
(0.5-1.2)	MG/DL
(8.4-10.5)	MG/DL
(275-295)	MOM/KG
(7.35-7.45)	
(32-48)	MMHG
(80-108)	MMHG
(22.0-26.0)	MMOL/L
	MMOL/L
(95-99)	%
(21-100)	%
(1-40)	CM H2O
(1-45)	CM H2O
(4.5-5.3)	MG/DL

URINALYSIS

APPEARANCE	CLEAR	
COLOR	YELLOW	
SPEC GRAVITY	1.030	(1.002-1.030)
GLUCOSE	2+ *	(0)
BILIRUBIN	0	(0)
KETONES	0	(0)
BLOOD	0	(0)
PH	8.0	(4.5-8.0)
PROTEIN	1+ *	(0)
UROBILINOGEN	NORMAL	(NORMAL)
NITRATE	NEGATIVE	(NEGATIVE)
LEUKOCYTE ESTER	0	(0)
WBC/HPF	0-2	/HPF
RBC/HPF	0-2	/HPF
SQUAMOUS EPITH	2-5	/HPF

LEGEND

L=LOW, H=HIGH, C=CRITICAL, *=ABNORMAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

MD

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 2/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	/96	/96	/96	/96	REF RANGE	UNITS
COLL. TIME	0040	2325	2258	2155		
TEST NAME						
URINALYSIS						
BACTERIA						
MUCUS						
SEDIMENT						
CREAT U RAN						
NA U RANDOM						
K URINE RANDOM						
URINE RAND OSMO						

COLL. DATE	/96	/96	/96	/96	REF RANGE	UNITS
COLL. TIME	2138	2050	2047	2035		
TEST NAME						
PROFILE						
SODIUM						
POTASSIUM						
CHLORIDE						
CO2						
GLUCOSE						
ACETONE						
BUN						
CREATININE						
CALCIUM						
LACTIC ACID VEN						
OSMOLALITY						

TOXICOLOGY/TDM

ETOH						
METHANOL						
ETOH [REDACTED] 95 -- Current)						
UNDER THE INFLUENCE	70	MG/DL				
LEGAL INTOXICATION	100	MG/DL				
LETHAL	350	MG/DL				

TO CONVERT ETHANOL RESULTS TO "LEGAL" UNITS, % (W/V) OR G/DL, DIVIDE RESULT BY 1000.

METHANOL ([REDACTED] 95 -- Current)
 TOXIC: >20 MG/DL
 LETHAL: >80 MG/DL

LEGEND
 L=LOW, H=HIGH, f=FOOTNOTE

Patient Name: [REDACTED]

Page: 36

Print Date/Time: [REDACTED] /96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

CHEMISTRY

COLL. DATE	/96	/96	/96	/96	REF RANGE	UNITS
COLL. TIME	2138	2050	2047	2035		
TEST NAME						
	TOXICOLOGY/TDM					
ISOPROPYNOL			NEGATIVE f		(NEGATIVE)	MG/DL
ACETONE			NEGATIVE		(NEGATIVE)	MG/DL
ACETAMIN, SCR			NEGATIVE		(NEGATIVE)	
BARBITURATES			NEGATIVE		(NEGATIVE)	
BENZODIAZEPINE			NEGATIVE		(NEGATIVE)	
TRICYCLICS			NEGATIVE		(NEGATIVE)	
ISOPROPYNOL (04/21/95 -- Current)						
TOXIC : >50 MG/DL						
LETHAL: >340 MG/DL						

SPECIAL CHEMISTRY

HCG QUAL NEGATIVE

HEMATOLOGY

COLL. DATE	/96	/96	/96	/96	REF RANGE	UNITS
COLL. TIME	0430	0430	0240	0430		
TEST NAME						
	BLOOD PROFILE					
WBC	12.0 H	11.2 H	13.0 H	15.7 H	(5.0-10.0)	K/mcL
RBC	4.10	3.60 L	3.94 L	3.98 L	(4.00-6.00)	M/mcL
HEMOGLOBIN	12.3	11.0 L	11.9 L	11.8 L	(12.3-15.3)	g/dL
HEMATOCRIT	37.1	32.7 L	35.1 L	35.2 L	(36.0-45.0)	%
MCV	91	91	89	88	(85-95)	fL
MCH	30.0	30.6	30.2	29.6	(27.0-34.0)	pg
MCHC	33.1	33.7	33.9	33.5	(32.0-36.0)	g/dL
PLATELET	227	276	316	326	(150-400)	K/mcL
	COAGULATION					
PROTIME			11.8	12.4	(11.0-13.6)	SEC
INR			.9	1.0		
PTT			21	22	(21-34)	SEC
FIBRINOGEN			304	252	(150-450)	MG/DL

LEGEND

L=LOW, H=HIGH, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

HEMATOLOGY

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96		
COLL. TIME	0430	0430	0430	1900		
TEST NAME					REF RANGE	UNITS
						BLOOD PROFILE
WBC	11.5 H	12.7 H	12.2 H	10.4 H	(5.0-10.0)	K/mcL
RBC	3.86 L	3.66 L	3.11 L	2.35 C	(4.00-6.00)	M/mcL
HEMOGLOBIN	11.4 L	10.8 L	9.2 L	7.3 L	(12.3-15.3)	g/dL
HEMATOCRIT	34.6 L	32.3 L	27.2 L	21.6 L	(36.0-45.0)	%
MCV	90	88	87	92	(85-95)	fL
MCH	29.5	29.5	29.6	31.1	(27.0-34.0)	pg
MCHC	33.0	33.4	33.9	33.8	(32.0-36.0)	g/dL
PLATELET	346	329	331	315	(150-400)	K/mcL

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96		
COLL. TIME	0430	0545	0430	2325		
TEST NAME					REF RANGE	UNITS
						BLOOD PROFILE
WBC	9.4	12.7 Hf	20.7 H	19.7 H	(5.0-10.0)	K/mcL
RBC	2.52 L	2.78 L	2.73 L	2.80 L	(4.00-6.00)	M/mcL
HEMOGLOBIN	7.8 L	8.7 L	8.5 L	8.7 L	(12.3-15.3)	g/dL
HEMATOCRIT	23.3 L	26.2 L	25.5 L	26.1 L	(36.0-45.0)	%
MCV	93	94	94	93	(85-95)	fL
MCH	31.0	31.3	31.1	31.1	(27.0-34.0)	pg
MCHC	33.4	33.3	33.3	33.3	(32.0-36.0)	g/dL
PLATELET	390	383	409 H	445 H	(150-400)	K/mcL

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96		
COLL. TIME	2150	1740	1130	0930		
TEST NAME					REF RANGE	UNITS
						BLOOD PROFILE
WBC	19.4 H	20.7 H	18.4 H	14.0 H	(5.0-10.0)	K/mcL
RBC	2.63 L	3.12 L	2.15 C	2.30 C	(4.00-6.00)	M/mcL
HEMOGLOBIN	8.1 L	9.7 L	6.8 C	7.3 L	(12.3-15.3)	g/dL
HEMATOCRIT	24.6 L	29.1 L	20.3 L	21.4 L	(36.0-45.0)	%
MCV	93	93	94	93	(85-95)	fL
MCH	30.8	31.1	31.6		(27.0-34.0)	pg
MCHC	33.0	33.3	33.5		(32.0-36.0)	g/dL
PLATELET	401 H	402 H	474 H	514 H	(150-400)	K/mcL
						COAGULATION
PROTIME	13.3	13.2		12.9	(11.0-13.6)	SEC
INR	1.2	1.2		1.1		
PTT	23	22		22	(21-34)	SEC
FIBRINOGEN	325	384		427	(150-450)	MG/DL

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

HEMATOLOGY

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96		
COLL. TIME	0430	0430	0430	0430		
TEST NAME					REF RANGE	UNITS
	BLOOD PROFILE					
WBC	12.1 H	14.6 H	20.4 H	14.2 H	(5.0-10.0)	K/mcL
RBC	2.34 C	2.46 C	2.59 L	2.43 C	(4.00-6.00)	M/mcL
HEMOGLOBIN	7.4 L	7.7 L	8.3 L	7.8 L	(12.3-15.3)	g/dL
HEMATOCRIT	22.1 L	23.3 L	24.9 L	23.3 L	(36.0-45.0)	%
MCV	94	95	96 H	96 H	(85-95)	fL
MCH	31.6	31.3	32.0	32.1	(27.0-34.0)	pg
MCHC	33.5	33.1	33.3	33.4	(32.0-36.0)	g/dL
PLATELET	449 H	442 H	484 H	391	(150-400)	K/mcL

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96		
COLL. TIME	0430	0430	0430	0430		
TEST NAME					REF RANGE	UNITS
	BLOOD PROFILE					
WBC	12.5 H	13.2 H	13.2 H	14.2 H	(5.0-10.0)	K/mcL
RBC	2.45 C	2.68 L	2.67 L	2.54 L	(4.00-6.00)	M/mcL
HEMOGLOBIN	7.7 Lf	8.4 L	8.4 L	8.1 L	(12.3-15.3)	g/dL
HEMATOCRIT	22.8 Lf	25.4 L	25.4 L	24.1 L	(36.0-45.0)	%
MCV	93	95	95	95	(85-95)	fL
MCH	31.4	31.3	31.5	31.9	(27.0-34.0)	pg
MCHC	33.8	33.1	33.0	33.6	(32.0-36.0)	g/dL
PLATELET	342	337	259	219	(150-400)	K/mcL

COLL. DATE	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96	[REDACTED]/96		
COLL. TIME	0350	0430	1410	1235		
TEST NAME					REF RANGE	UNITS
	BLOOD PROFILE					
WBC	14.0 H	20.3 H	14.1 H	12.6 H	(5.0-10.0)	K/mcL
RBC	2.76 L	2.88 L	2.74 L	2.73 L	(4.00-6.00)	M/mcL
HEMOGLOBIN	8.9 L	9.3 L	8.9 L	8.7 L	(12.3-15.3)	g/dL
HEMATOCRIT	26.4 L	27.5 L	25.5 L	25.8 L	(36.0-45.0)	%
MCV	96 H	95	93	95	(85-95)	fL
MCH	32.2	32.3	32.5	31.9	(27.0-34.0)	pg
MCHC	33.7	33.8	34.9	33.7	(32.0-36.0)	g/dL
PLATELET	204	185	144 L	134 L	(150-400)	K/mcL
	COAGULATION					
PROTIME			14.1 H		(11.0-13.6)	SEC
INR			1.3			
PTT			23		(21-34)	SEC
FIBRINOGEN			455 H		(150-450)	MG/DL

LEGEND

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED] 96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
Med. Rec. #: [REDACTED]
Loc: [REDACTED]
DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

HEMATOLOGY

COLL. DATE	04/01/96	04/01/96	04/01/96	04/01/96		
COLL. TIME	0430	1700	0340	1700		
TEST NAME					REF RANGE	UNITS

COLL. DATE	09/96	09/96	09/96	09/96		
COLL. TIME	0430	1700	0430	2306		
TEST NAME					REF RANGE	UNITS
					BLOOD PROFILE	
WBC				7.2 f	(4.5-11.0)	K/mcL
WBC	7.6 f	8.6	8.3 f		(5.0-10.0)	K/mcL
RBC				2.55 L	(4.10-5.10)	M/mcL
RBC	2.91 L	3.09 L	2.27 C		(4.00-6.00)	M/mcL
HGB				7.9 L	(12.3-15.3)	g/dL
HEMOGLOBIN	9.5 L	10.0 L	7.1 L		(12.3-15.3)	g/dL
HCT				23.0 L	(36.0-45.0)	%
HEMATOCRIT	27.7 L	29.3 L	20.9 L		(36.0-45.0)	%
MCV				90.2	(80.0-96.0)	fL
MCV	95	95	92		(85-95)	fL
MCH				31.0	(28.0-33.0)	pg
MCH	32.6	32.4	31.3		(27.0-34.0)	pg
MCHC				34.3	(33.0-36.0)	g/dL
MCHC	34.3	34.1	34.0		(32.0-36.0)	g/dL
PLT				114 L	(170-450)	K/mcL
PLATELET	124 L	136 L	107 L		(150-400)	K/mcL
MPV				10.8 H	(6.7-9.9)	fL
RDW				12.5	(11.4-14.2)	%
GRAN %				73.7	(42.6-74.5)	%
GRAN #				5.3	(1.7-7.3)	K/mcL
LYMPH %				17.9 L	(20.8-50.5)	%
LYMPH #				1.3	(1.3-3.5)	K/mcL
MONO %				8.4	(2.0-10.3)	%
MONO #				0.6	(0.1-0.7)	K/mcL

L=LOW, H=HIGH, C=CRITICAL, f=FOOTNOTE

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]/96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] /1967 Sex: FEMALE

CLINICAL LABORATORIES

HEMATOLOGY

COLL. DATE	[REDACTED] /96	[REDACTED] /96	[REDACTED] /96	[REDACTED] /96		
COLL. TIME	0430	1700	0430	2306		
TEST NAME					REF RANGE	UNITS
	MANUAL DIFFERENTIAL					
SEGS				61	(33-75)	%
BANDS				6 H	(0-5)	%
LYMPHOCYTES				23	(15-60)	%
MONOCYTES				5	(0-9)	%
EOSINOPHILS				5	(0-6)	%
	COAGULATION					
PROTIME	14.1 H	13.0	13.9 H		(11.0-13.6)	SEC
INR	1.3	1.1	1.3			
PTT	26	27	28		(21-34)	SEC
FIBRINOGEN	523 H	553 H	499 H		(150-450)	MG/DL
COLL. DATE	[REDACTED] /96	[REDACTED] /96	[REDACTED] /96	[REDACTED] /96		
COLL. TIME	1700	0430	1650	0441		
TEST NAME					REF RANGE	UNITS
	BLOOD PROFILE					
WBC				18.3 H	(4.5-11.0)	K/mcL
WBC	11.5 H	15.5 H	15.3 H		(5.0-10.0)	K/mcL
REC				3.38 L	(4.10-5.10)	M/mcL
RBC	2.57 L	2.89 L	2.95 L		(4.00-6.00)	M/mcL
HGB				10.1 L	(12.3-15.3)	g/dL
HEMOGLOBIN	7.7 L	9.0 L	9.1 L		(12.3-15.3)	g/dL
HCT				30.5 L	(36.0-45.0)	%
HEMATOCRIT	23.9 L	26.9 L	27.1 L		(36.0-45.0)	%
MCV				90.1	(80.0-96.0)	fL
MCV	93	93	92		(85-95)	fL
MCH				29.9	(28.0-33.0)	pg
MCH	30.0	31.1	30.8		(27.0-34.0)	pg
MCHC				33.2	(33.0-36.0)	g/dL
MCHC	32.3	33.5	33.6		(32.0-36.0)	g/dL
PLT				96 Lf	(170-450)	K/mcL
PLATELET	123 L	135 L	133 L		(150-400)	K/mcL
RDW				12.7	(11.4-14.2)	%
	COAGULATION					
PROTIME		13.6	13.6		(11.0-13.6)	SEC
INR		1.2	1.2			
PTT		22	26		(21-34)	SEC
FIBRINOGEN		669 H	522 H		(150-450)	MG/DL

LEGEND

L=LOW, H=HIGH, f=FOOTNOTE

Patient Name: [REDACTED]

Page: 41

Print Date/Time: [REDACTED] 96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

HEMATOLOGY

COLL. DATE	7/96	8/96	8/96	8/96		
COLL. TIME	0430	1700	0430	1700		
TEST NAME					REF RANGE	UNITS
	BLOOD PROFILE					
WBC	16.5 H	11.5 H	11.1 H	14.0 H	(5.0-10.0)	K/mcL
RBC	3.41 L	3.32 L	3.36 L	3.24 L	(4.00-6.00)	M/mcL
HEMOGLOBIN	10.6 L	10.2 L	10.2 L	10.0 L	(12.3-15.3)	g/dL
HEMATOCRIT	31.6 L	30.5 L	30.9 L	29.8 L	(36.0-45.0)	%
MCV	93	92	92	92	(85-95)	fL
MCH	31.1	30.7	30.4	30.9	(27.0-34.0)	pg
MCHC	33.5	33.4	33.0	33.5	(32.0-36.0)	g/dL
PLATELET	168	170	166	158	(150-400)	K/mcL
	COAGULATION					
PROTIME	13.9 H		13.5	13.6	(11.0-13.6)	SEC
INR	1.3		1.2	1.2		
PTT	22		21	23	(21-34)	SEC
FIBRINOGEN	511 H		401	328	(150-450)	MG/DL

COLL. DATE	7/96	8/96	8/96	8/96		
COLL. TIME	0430	1700	0430	1700		
TEST NAME					REF RANGE	UNITS
	BLOOD PROFILE					
WBC	17.7 H	17.5 H	18.6 H	14.9 H	(5.0-10.0)	K/mcL
RBC	3.31 L	3.24 L	3.52 L	3.83 L	(4.00-6.00)	M/mcL
HEMOGLOBIN	10.1 L	9.9 L	10.7 L	11.6 L	(12.3-15.3)	g/dL
HEMATOCRIT	29.9 L	29.3 L	32.8 L	35.6 L	(36.0-45.0)	%
MCV	90	91	93	93	(85-95)	fL
MCH			30.4	30.3	(27.0-34.0)	pg
MCHC			32.6	32.6	(32.0-36.0)	g/dL
PLATELET	164	169	196	205	(150-400)	K/mcL
	COAGULATION					
PROTIME	14.3 H		14.3 H	13.6	(11.0-13.6)	SEC
INR	1.4		1.4	1.2		
PTT	23		27	26	(21-34)	SEC
FIBRINOGEN	339		328	373	(150-450)	MG/DL

LEGEND
 L=LOW, H=HIGH

Patient Name: [REDACTED]

Page: 42

Print Date/Time: [REDACTED] /96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED]/1967 Sex: FEMALE

CLINICAL LABORATORIES

HEMATOLOGY

COLL. DATE	/96	/96	/96		
COLL. TIME	1100	0355	2035		
TEST NAME				REF RANGE	UNITS
BLOOD PROFILE					
WBC	13.3 H	11.8 H	9.3	(5.0-10.0)	K/mcL
RBC	3.73 L	3.69 L	3.74 L	(4.00-6.00)	M/mcL
HEMOGLOBIN	11.5 L	11.2 L	11.3 L	(12.3-15.3)	g/dL
HEMATOCRIT	34.2 L	33.5 L	34.1 L	(36.0-45.0)	%
MCV	92	91	91	(85-95)	fL
MCH	30.8	30.4	30.2	(27.0-34.0)	pg
MCHC	33.6	33.4	33.1	(32.0-36.0)	g/dL
PLATELET	201	213	215	(150-400)	K/mcL
COAGULATION					
PROTIME	13.5	13.5	12.9	(11.0-13.6)	SEC
INR	1.2	1.2	1.1		
PTT	24	22	23	(21-34)	SEC
FIBRINOGEN	289	274	235	(150-450)	MG/DL

/96 0545 WBC DOUBLE CHECK RESULTS
 /96 0430 HEMOGLOBIN NO CLOT PRESENT,CHKED
 /96 0430 HEMATOCRIT CHKED
 /96 1700 WBC ABNORMAL CELLS DETECTED--MANUAL BLOOD SMEAR EXAM SUGGESTED
 FOOTNOTE REVISED ON /96 AT 1721 BY [REDACTED]
 /96 2306 WBC MANUAL DIFFERENTIAL NOT PERFORMED; THREE PART DIFF. AVAILABLE AND/OR WBC
 NORMAL.
 /96 0430 WBC ABNORMAL CELLS DETECTED. BLOOD SMEAR SUGGESTED.
 /96 0430 WBC NO CLOT PRESENT,WBC FLAGGED,SUGG SMEAR INVESTIGATION FOR POSSIBLE ABN CELLS
 FOOTNOTE REVISED ON /96 AT 0517 BY [REDACTED]

Confirmed by examination of peripheral smear.

MICROBIOLOGY

CATHETER TIP CULTURE
 SOURCE: CATHETER TIP

ACC# [REDACTED] COLLECTED: [REDACTED]/96
 RECEIVED: [REDACTED]/96

-----FINAL REPORT-----

/96 1235
 NO GROWTH AT 48 HOURS

LEGEND
 L=LOW, H=HIGH

Patient Name: [REDACTED]

Page: 43

Print Date/Time: [REDACTED]/96

Continued . . .

Patient Name: [REDACTED]
Med. Rec. #: [REDACTED]
Loc: [REDACTED]
DOB: [REDACTED] 2/1967 Sex: FEMALE

CLINICAL LABORATORIES

MICROBIOLOGY

URINE CULTURE

SOURCE: CATHETERIZED URINE, IN AND OUT

-----FINAL REPORT-----

[REDACTED] /96 [REDACTED]

NO GROWTH AT 48 HOURS

ACC# [REDACTED]

COLLECTED: [REDACTED]

RECEIVED: [REDACTED]

BLOOD CULT-AUTOMATED(UMH)

SOURCE: BLOOD

-----FINAL REPORT-----

[REDACTED] /96 [REDACTED]

NO GROWTH AFTER FIVE DAYS OF INCUBATION.

ACC# [REDACTED]

COLLECTED: [REDACTED]

RECEIVED: [REDACTED]

[REDACTED] 5 -- Current)

BLOOD CULT-AUTOMATED(UMH)

SOURCE: BLOOD

-----FINAL REPORT-----

NO GROWTH AFTER FIVE DAYS OF INCUBATION.

ACC# [REDACTED]

COLLECTED: [REDACTED]

RECEIVED: [REDACTED]

CATHETER TIP CULTURE

SOURCE: CATHETER TIP

-----FINAL REPORT-----

NO GROWTH AT 48 HOURS

ACC# [REDACTED]

COLLECTED: [REDACTED]

RECEIVED: [REDACTED]

Patient Name: [REDACTED]

Page: 44

Print Date/Time: [REDACTED] /96 [REDACTED]

Continued . . .

Patient Name: [REDACTED]
Med. Rec. #: [REDACTED]
Loc: [REDACTED]
DOB: 07/02/1967 Sex: FEMALE

CLINICAL LABORATORIES

MICROBIOLOGY

URINE CULTURE

SOURCE: CATHETERIZED URINE, IN AND OUT

ACC# [REDACTED]

COLLECTED: [REDACTED]

RECEIVED: [REDACTED]

-----FINAL REPORT-----

>100,000 CFU/ML KLEBSIELLA PNEUMONIAE (KLEPNE)

-----SUSCEPTIBILITY REPORTS-----

KLEPNE

KB

AMOX/CLAV	S
AMPICILLIN	R
AMPICILL/SULBAC	R
AZTREONAM	S
CEFAZOLIN	R
CEFOXITIN	S
CEFTRIAZONE	S
CIPROFLOXACIN	S
GENTAMICIN	S
IMIPENEM	S
PIPERICILLIN	R
TICAR/CLAV	R
SXT	R

CATHETER TIP CULTURE

SOURCE: CATHETER TIP

ACC# [REDACTED]

COLLECTED: [REDACTED]

RECEIVED: [REDACTED]

-----FINAL REPORT-----

NO GROWTH AT 48 HOURS

Patient Name: [REDACTED]

Page: 45

Print Date/Time: [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

[REDACTED]
 [REDACTED]

MICROBIOLOGY

BLOOD CULT-AUTOMATED (UMH)

SOURCE: BLOOD

ACC# 0 [REDACTED]

COLLECTED: 0 [REDACTED]

RECEIVED: [REDACTED]

-----FINAL REPORT-----

0 [REDACTED]

STAPHYLOCOCCUS EPIDERMIDIS. (COAGULASE NEGATIVE) (STAEPI)

RESISTANT TO CEPHALOSPORINS

FROM ANAEROBIC BLOOD VIAL

NOTIFIED NURSE [REDACTED] 10:20PM EXT.8-5737

-----SUSCEPTIBILITY REPORTS-----

STAEPI

MIC MIC INTERP

AMPICILL/SULBAC	>=32	R
BETA LACTAMASE	POSITIVE	POSITIVE
CEPHALOTHIN	>=32	R
CIPROFLOXACIN	>=4	R
CLINDAMYCIN	<=.5	S
ERYTHROMYCIN	>=8	R
OXACILLIN	>=8	R
PENICILLIN G	<=16	R
TETRACYCLINE	<=1	S
SXT	40.0	S
VANCOMYCIN	1	S

CATHETER TIP CULTURE

SOURCE: CATHETER TIP

ACC# [REDACTED]

COLLECTED: [REDACTED]

RECEIVED: [REDACTED]

-----FINAL REPORT-----

NO GROWTH AT 48 HOURS

CEREBROSPINAL FLUID CULT. (UMH)

SOURCE: CEREBROSPINAL FLUID

ACC# [REDACTED]

COLLECTED: [REDACTED]

RECEIVED: [REDACTED]

-----FINAL REPORT-----

NO GROWTH AFTER FIVE DAYS OF INCUBATION.

Patient Name: [REDACTED]

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Print Date/Time: [REDACTED]

Continued . . .

Patient Name: [REDACTED]
Med. Rec. #: [REDACTED]
Loc: [REDACTED]
DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

Dr. [REDACTED]

MICROBIOLOGY

GRAM STAIN
SOURCE: CEREBROSPINAL FLUID

-----STAINS AND PREPS-----

GRAM STAIN
NO CELLS OR ORGANISMS SEEN

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

CEREBROSPINAL FLUID CULT. (UMH)

SOURCE: CEREBROSPINAL FLUID

-----FINAL REPORT-----

FROM ENRICHMENT BROTH ONLY PROPIONIBACTERIUM SPECIES
(PRO) MICROCOCCUS SPECIES (MIC)
POSSIBLE CONTAMINANT

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

GRAM STAIN

SOURCE: CEREBROSPINAL FLUID

-----STAINS AND PREPS-----

GRAM STAIN
NO CELLS OR ORGANISMS SEEN

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

CATHETER TIP CULTURE

SOURCE: CATHETER TIP

-----FINAL REPORT-----

NO GROWTH AT 48 HOURS

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

Patient Name: [REDACTED]

Page: 47

Print Date/Time: [REDACTED]

Continued . . .

Patient Name: [REDACTED]
 Med. Rec. #: [REDACTED]
 Loc: [REDACTED]
 DOB: 01/1967 Sex: FEMALE

CLINICAL LABORATORIES

MICROBIOLOGY

SPUTUM CULTURE
 SOURCE: SPUTUM

ACC# [REDACTED]

COLLECTED: [REDACTED]
 RECEIVED: [REDACTED]

-----FINAL REPORT-----

HEAVY STAPHYLOCOCCUS AUREUS
 HEAVY HAEMOPHILUS INFLUENZAE (HAEINF)
 BETA-LACTAMASE POSITIVE
 AND NORMAL ORAL FLORA

-----SUSCEPTIBILITY REPORTS-----

	<u>S AUREUS</u>		<u>HAEINF</u>
	<u>MIC</u>	<u>MIC INTERP</u>	<u>KB</u>
AZITHROMYCIN			NOT TEST
AMPICILLIN			R
AMPICILL/SULBAC	<=4	S	
BETA LACTAMASE	POSITIVE	POSITIVE	POSITIVE
CEFTRIAXONE			S
CEFUROXIME			S
CEPHALOTHIN	<=2	S	
CHLORAMPHENICOL			S
CIPROFLOXACIN	<=0.5	S	S
CLINDAMYCIN	<=0.5	S	
ERYTHROMYCIN	<=0.5	S	
OXACILLIN	<=2	S	
PENICILLIN G	>=16	R	
TETRACYCLINE	<=1	S	S
SXT	<=10	S	S

GRAM STAIN
 SOURCE: SPUTUM

ACC# [REDACTED]

COLLECTED: [REDACTED]
 RECEIVED: [REDACTED]

-----STAINS AND PREPS-----

GRAM STAIN [REDACTED]
 MODERATE POLYMORPHONUCLEAR LEUKOCTYES
 FEW GRAM POSITIVE COCCI IN CLUSTERS (GPCCL)
 FEW GRAM POSITIVE COCCI IN CHAINS (GPCCH)

Patient Name: [REDACTED]

Page: 48

Print Date/Time: [REDACTED]

Continued . . .

Patient Name: [REDACTED]
Med. Rec. #: [REDACTED]
Loc: [REDACTED]
DOB: [REDACTED] 1967 Sex: FEMALE

CLINICAL LABORATORIES

MICROBIOLOGY

BLOOD CULT-AUTOMATED(UMH)
SOURCE: BLOOD

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

-----FINAL REPORT-----

NO GROWTH AFTER FIVE DAYS OF INCUBATION.

BLOOD CULT-AUTOMATED(UMH)
SOURCE: BLOOD

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

-----FINAL REPORT-----

NO GROWTH AFTER FIVE DAYS OF INCUBATION.

URINE CULTURE

SOURCE: CATHERIZED URINE, IN AND OUT

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

-----FINAL REPORT-----

NO GROWTH AT 48 HOURS

BLOOD CULT-AUTOMATED(UMH)
SOURCE: BLOOD

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

-----FINAL REPORT-----

NO GROWTH AFTER FIVE DAYS OF INCUBATION.

BLOOD CULT-AUTOMATED(UMH)
SOURCE: BLOOD

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

-----FINAL REPORT-----

NO GROWTH AFTER FIVE DAYS OF INCUBATION.

Patient Name: [REDACTED]

Page: 49

Print Date/Time: [REDACTED]

Continued . . .

Patient Name: [REDACTED]
Med. Rec. #: [REDACTED]
Loc: [REDACTED]
DOB: 05/19/1967 Sex: FEMALE

CLINICAL LABORATORIES

MICROBIOLOGY

SPUTUM CULTURE
SOURCE: SPUTUM

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

-----FINAL REPORT-----

HEAVY HAEMOPHILUS INFLUENZAE (HAEINF) BETA-LACTAMASE
POSITIVE
AND NORMAL FLORA

-----SUSCEPTIBILITY REPORTS-----

HAEINF

KB

AZITHROMYCIN	NOT TEST
AMPICILLIN	R
BETA LACTAMASE	POSITIVE
CEFTRIAXONE	S
CEFUROXIME	S
CHLORAMPHENICOL	S
CIPROFLOXACIN	S
TETRACYCLINE	S
SXT	S

URINE CULTURE
SOURCE: INDWELLING CATHETER

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

-----FINAL REPORT-----

NO GROWTH AT 48 HOURS

GRAM STAIN
SOURCE: SPUTUM

ACC# [REDACTED]

COLLECTED: [REDACTED]
RECEIVED: [REDACTED]

-----STAINS AND PREPS-----

GRAM STAIN
MODERATE POLYMORPHONUCLEAR LEUKOCYTES
MANY PLEOMORPHIC GRAM NEGATIVE RODS

Patient Name: [REDACTED]

Page: 50

Print Date/Time: [REDACTED]

END OF REPORT

For: <error>

Date: [REDACTED] 96 08:46

[REDACTED]

PHYSICAL THERAPY DISCHARGE SUMMARY

Page 1

Name: [REDACTED]
 Date of Admission: [REDACTED]/96
 Date of Discharge: [REDACTED] 96

STC #: [REDACTED]
 Medical Record #: [REDACTED]
 Date of Birth: [REDACTED]/67

Mechanism of Injury: Motor Vehicle/Driver
 Team Attending: [REDACTED]
 Orthopedic Attending:
 Discharge Coordinator:

Team: D

Phone Number: [REDACTED]

DIAGNOSIS/SURGERIES

Pt is a 28 yo CF adm [REDACTED] s/p MVC with adm GCS 7, SDH,
 and C2 odontoid fx.
 Pt to OR for tracheostomy and ORIF of c-spine

ROM/MUSCLE STRENGTH/SENSATION

ASSESSMENTS

see Brain Injury Evaluation
 see ROM Assessment

RESPIRATORY STATUS

Tracheostomy / Collar
 Supplemental O2 - 35 percent,
 Cough Effectiveness - Adequate

MOBILITY

Rolling Right	Complete Independence
Left	Complete Independence
Sidelying to Sitting	
Right	Supervision
Left	Supervision
Supine to Sitting	Supervision
Sitting Balance	Supervision
Transfer Bed to Chair	Minimal Contact Assistance
Transfer Chair to Bed	Minimal Contact Assistance
TRANSFER FIM SCORE	4
Transfer Type	Stand Pivot

PHYSICAL THERAPY DISCHARGE SUMMARY

Name: [REDACTED]

STC #: [REDACTED]

LOCOMOTION FIM SCORE

4

Wheelchair Mobility

Ambulation

Ambulatory Aide

Minimal Contact Assistance 100 Feet

GOALS

Independent ambulation with assistive device as needed
Independent stairclimbing
Independent transfers bed to chair
Increase strength
Functional community ambulation
Improved safety awareness
Improved balance for function

FOLLOW-UP RECOMMENDATIONS

Frequency: daily

In-patient Rehab

THERAPIST: [REDACTED]

LICENSE NUMBER: [REDACTED]

TELEPHONE NUMBER : [REDACTED]

Department of Occupational Therapy
Coma Evaluation (Page 1)

Patient: [REDACTED] Age: 29 Sex: F Date of Referral: [REDACTED] 96
Admitting Date: [REDACTED] 9/96 Date of Injury: [REDACTED] 9/96
Admitted secondary to ☒ MVA, ☐ GSW, ☐ Fall, ☐ Assault, & Other: head on pole

Diagnosis/Management: ? motorized tx (monday placed) @ TSPH, Stryker, GW tongs & # traction, rotate & bed.

Medical History: IDDM, Kidney Disease, DM# (cardio from DM)

Social History: 4yo son, [REDACTED] (R) handed, single

Family house: 2 stories, married 7 yrs.

I. Medical Status lives w/ son and husband.
Glasgow Coma Scale:

Eye Opening:		Verbal Response:		Motor Response:		Rancho Los Amigos Scale:	
Spontaneous	4	Oriented	5	Obey Commands	6	I. Comatose	
To Voice	3	Confused	4	Localize to Pain	5	II. Generalized Response	
To pain	2	Inappropriate Words	3	Withdraws (Pain)	4	III. Localized Response	
None	1	Incomprehensible Words	2	Flexion (Pain)	3	IV. Confused/Agitated	
		None	1	Extension (Pain)	2		
				None	1		

Glasgow Scale	Admitting	Present
Eye Opening	1	3
Motor Response	1	4
Verbal Response	1	1
Total	7	8

Rancho Los Amigo Scale:

- I. Comatose
- II. Generalized Response
- III. Localized Response
- IV. Confused/Agitated

Rancho Level: III

Orientation: ☒ Name ☒ Place ☒ Month ☒ Year

II. Vocal Response to Sensory Stimulation: intubated & vocalization or attempt to gesture

III. Motor Response to Sensory Stimulation: Moving (R) > (L) UE Responds to peripheral / internal pain (R) > (L) UE

IV. Upper Extremity Evaluation: P/DM (B) UE - demo tightness @ hands - finger flexors, atrophy (B) thenar/hypothema eminences, displaced (L) wrist in line & creeping @ metacarpal/radial articulation

V. Orthotics: May require splints in the future. Will monitor.

VI. ADL/Mobility: @ all ADLs and bed mobility

Therapist Signature: [REDACTED] Date: [REDACTED] 9/96

Response to Verbal Commands	No Response	Inconsistent	Consistent	Comments
1. "Open your eyes"		✓		
2. "Stick out your tongue"			✓	
3. "Squeeze my hand"		✓		
4. "Hold up two fingers"	✓			
6. "Touch body parts" (specify)	✓			
6. States/recognizes name	✓			
7. Nods head in response to question	✓			
8. Initiates automatic task with cues		✓		wash face & cloth; brush teeth.
9. Initiates automatic task without cues	✓			
10. Overall response		Ⓢ		CLASS III

Problem Areas

Short Term Goals

① It will maintain eye open
x 20-30 sec t MOD promoting 2nd

② PT will follow 25% one step
psychomotor commands 2wks

⑦ A will demo min 100 (A) c
face washing & setup / c max cus
(2 hrs)

Long Term Goals: I will be (I) a ^{little} lighter self-care
5 set up (6 mos)

✓ Unable to discuss goals with patient. Patient unable to participate in goal setting or state personal goals secondary to decreased mental status.

Discussed goals and developed above plan with patient/family.

Rehabilitation Potential: Good ✓ Fair Guarded

Therapist Signature: _____ Date: _____/_____/_____ 196

OPERATIVE REPORT

NAME OF PATIENT:
MEDICAL RECORD #:
DATE OF PROCEDURE:

[REDACTED]
[REDACTED]
[REDACTED] /96

SURGEON:
FIRST ASSISTANT:
SERVICE:

[REDACTED], M.D.
[REDACTED] M.D.
[REDACTED]

PREOPERATIVE DIAGNOSIS:

Subglottic edema and subglottic stenosis. Subglottic granulation tissue.

POSTOPERATIVE DIAGNOSIS:

Subglottic edema and subglottic stenosis. Subglottic granulation tissue.

OPERATIVE PROCEDURE:

Tracheoscopy and laryngoscopy with T-tube removal.

ANESTHESIA:

General anesthesia via tracheostomy cannula followed by endotracheal tube.

INDICATIONS: The patient is a 29-year-old female being taken back to the operating room approximately two weeks after having a Montgomery T-tube placed in her subglottic airway through her cricothyroidotomy wound. This was done previously and described in detail in the operative report for the procedure dated [REDACTED] /96.

PROCEDURE: The patient was taken to the operating room following transfer from [REDACTED] to the [REDACTED]. She was placed in the supine position with care being taken to avoid flexion or extension of her C-spine. Following general anesthesia induction, the tracheostomy cannula was removed. Once the patient's head had been secured between two ten pound sand bags. A #6 cuffed endotracheal tube was then passed without difficulty through the patient's tracheostomy wound. The patient was then prepped and draped in the usual fashion for a sterile exploration of the tracheostomy wound.

Attention was first turned to removing the T-tube stent. It was carefully inferiorly displaced and with a second forcep, the upper portion of the T-tube was removed and no distraction of the healing cricoid cartilage tissues was dissected. A thirty degree telescope was then placed into the wound and used to examine the patient's

OPERATIVE REPORT
PAGE 2

subglottis. A significant amount of granulation tissue was noted to have formed on both undersurfaces of the patient's vocal fold.

An upbiting cup forcep was used to resect the majority of the tuft of granulation tissue on the underside of the left true vocal fold but not the right side in order to reduce the chances of adhesive synechia forming.

The patient's subglottic airway again was reexamined and noted to be otherwise clear of any obstructive elements. The patient's vocal folds were noted to be able to generate a limited degree of abduction. Attention was then turned toward the exam of the patient's subglottis. The patient's cricoid ring was noted to be approximately 1 cm or more elevated from the posterior tracheal surface. No significant granulation tissue was detected in this area. The endotracheal tube could readily be seen coming through the tracheostomy wound inferiorly. That tube was removed and the telescope was used to examine the remainder of her proximal trachea without discovery of any further obstructing element.

The endotracheal tube was replaced. Attention was then turned to performing further endoscopy of the patient's subglottis, glottis and supraglottis. The fiberoptic suction bronchoscope was passed superiorly through the patient's focal folds and used to examine these structures. The patient's vocal folds were considered to be significantly edematous as was her inferior epiglottis but these structures could be identified and were much more clearly defined than on previous efforts at endoscopy. No other areas of granulation tissue were detected above the level of the subglottis. The anterior commissure appeared to be sharp. The scope was removed.

A suture was then placed through segments of a #10 red rubber catheter in order to reapproximate the neck tissues overlying the cricothyroidotomy wound and to facilitate the patient's ability to speak by occluding her tracheostomy cannula. The area was not completely sealed in order to avoid the patient's generating enough subglottic pressure as to produce dissection into the soft tissues and perhaps generate a pneumomediastinum or pneumothorax. Once this suture was in place and the patient was back to breathing spontaneously, the endotracheal tube was removed and a #5 long tracheostomy cannula was placed without difficulty. The C-spine collar anteriorly was then replaced and the patient was taken out of sandbag immobilization.

Subsequently, the patient was then transferred carefully to the operating room gurney and taken to recovery in satisfactory condition.

The estimated blood loss for the case was miniscule. The patient received less than a liter of intravenous lactated Ringer's intraoperatively. No blood products were transfused. The needle

OPERATIVE REPORT
PAGE 3

and sponge counts were considered accurate x 2. There were no intraoperative complications detected.

The subglottic granulation tissue was sent to the pathologist for histopathologic evaluation. ET tube and cricoid ring buttons were sent to Histopathology for gross-only evaluation.

DICTATED FOR

M.D.

DICTATED BY

M.D.

DOCTOR TO PROVIDE FOLLOW UP CARE:

PATIENT REFERRED FROM:

/296

D: _____/96

T: _____/96

DEPARTMENT OF PATHOLOGY

SURGICAL PATHOLOGY REPORT

MD
Phone: Fax:

Patient: [REDACTED]
D.O.B. [REDACTED]/67 (Age: 29)
Sex: F
Race: CAUCASIAN
Date Obtained: [REDACTED]/96
Date Accessioned: [REDACTED]/96

Accession #: [REDACTED]
Patient ID #: [REDACTED]
Account #: [REDACTED]
Social Sec. #: [REDACTED]
Location: T4N
Service: ENT

Physician(s): [REDACTED], M.D.

PATHOLOGIC DIAGNOSIS:

A. MONTGOMERY STENT AND BUTTONS:
-GROSS ONLY.

B. SUPRAGLOTTIC GRANULATION TISSUE, EXCISION:
-SQUAMOUS MUCOSA WITH REACTIVE CHANGES AND GRANULATION TISSUE-
FORMATION, NO EVIDENCE OF MALIGNANCY.

[REDACTED] M.D.

** Report Electronically Signed Out **

[REDACTED] 96

MATERIAL RECEIVED:

Part A: STENT & BUTTONS FOR GROSS ONLY
Part B: SUPRAGLOTTIC GRANULATION TISSUE

GROSS DESCRIPTION:

Specimen A is labeled "stent and buttons." The specimen is received dry and consists of a plastic stent and two buttons, one of which contains blue sutures. The plastic button measures 1.0 cm in diameter and is for gross examination only. The stent is T-shaped with the horizontal portion measuring 4.0 cm in length and 1.0 cm in diameter. The vertical portion measures 2.0 cm in length and 0.8 cm in diameter. The stent is for gross examination only.

Specimen B is labeled "subglottic granulation." The specimen is received in formalin and consists of multiple fragments of tan and black tissue, measuring 0.4 x 0.2 x 0.2 cm in aggregate. The

[REDACTED]
DEPARTMENT OF PATHOLOGY

SURGICAL PATHOLOGY REPORT

Patient: [REDACTED]

Accession #: [REDACTED]

Patient ID#: [REDACTED]

GROSS DESCRIPTION (continued):

specimen is submitted entirely in one cassette.

Summary of Sections:

B-1, multiple pieces.

bjm [REDACTED] 96)

**CALSPAN SRL
CORPORATION**
Calspan Operations

Copy



1996

Attention: [REDACTED]

Ref: Medical Records for: [REDACTED]
Date of Birth: [REDACTED]
Admitted/Discharged: [REDACTED]

The National Highway Traffic Safety Administration (NHTSA) under the authority of the U.S. Department of Transportation is conducting a research investigation into a single vehicle crash which occurred on [REDACTED], 1996 in the [REDACTED], Maryland. The driver in the crash, [REDACTED] was transferred to your facility on [REDACTED], 1996

Research into the causes of injuries suffered by these patients is of interest to the NHTSA due to the presence of the air bags in the vehicle. The NHTSA is the rulemaking agency responsible for implementing and overseeing Federal Motor Vehicle Safety Standards (FMVSS).

Calspan SRL Corporation is under contract with the NHTSA to conduct this investigation and in this capacity we need to obtain a copy of the following medical records:

- Discharge Summary/Transfer Summary
- Emergency Room Record (If any)
- Surgical Records (If any)
- Radiology Reports (Initial set of films)
- Medical Consultation Reports
- Any additional record(s) which identify patient injury [e.g., nurses notes, etc.]

Enclosed is the Medical Release Form signed by [REDACTED]. You should be aware that the NHTSA's interest in this crash resides with the effectiveness of applicable Federal Motor Vehicle Safety Standards and not with passenger identification. Federal law requires the exclusion of personal identifiers from investigative reports to protect the privacy of the crash victim.

Thank you for your cooperation and support. If you have any questions, please call me at 1-[REDACTED]. My fax number is [REDACTED].

Sincerely yours,
[REDACTED]

Sr. Crash Reconstructionist/Analyst

[REDACTED]
DISCHARGE SUMMARY

PATIENT NAME: [REDACTED]
MEDICAL RECORD# [REDACTED]
HOSPITAL LOCATION: [REDACTED]

DATE OF ADMISSION: [REDACTED]/96

DATE OF DISCHARGE: [REDACTED]/96

PRINCIPAL DIAGNOSIS:

Closed traumatic brain injury with a small left subdural hematoma, which did not require surgical intervention.

ASSOCIATED DIAGNOSIS:

1. Type II C-2 odontoid fracture, which required placement of a transarticular screw and wires with iliac crest bone grafting.
2. Status post tracheostomy.
3. Status post emergent cricothyroidotomies.
4. Status post placement of a P-tube stent into her trachea.
5. Diabetes mellitus, Type I.
6. Hypothyroidism.
7. Status post left pneumothorax.

DISCHARGE INSTRUCTIONS:

Medications: Synthroid 0.1 mg daily; NPH insulin 20 units and 15 units regular every morning, and 8 units NPH after noon; sliding scale insulin.

Activities: No driving until cleared by the DMV; no alcohol; no drugs.

Diet: Regular.

Follow-up: [REDACTED] with [REDACTED] in 4-6 weeks after discharge, call [REDACTED] for any questions concerning appointments; Shock Trauma team; private physician and endocrinologist.

CONDITION ON DISCHARGE: Much improved.

DISCHARGE LOCATION: To home.

CHIEF COMPLAINT AND HISTORY OF PRESENT ILLNESS: The patient is

DISCHARGE SUMMARY

Page 2

NAME: [REDACTED]

DATE: [REDACTED]/96

MEDICAL RECORD#: [REDACTED]

HOSPITAL LOCATION: [REDACTED]

a 29-year-old white female who was admitted to Shock Trauma on [REDACTED]/96 after a motor vehicle accident. Her admission Glasgow Coma Scale was 7. A CT of the brain showed a small left subdural hematoma, which was not removed. A C-spine showed a Type II odontoid fracture and the patient underwent placement of posterior transarticular screws and wiring for a C-1/C-2 fusion.

Her hospital course was also complicated by progressive respiratory obstruction secondary to extubation on [REDACTED] 96, which required that she undergo an emergent cricothyroidotomy, as well as placement of a stent a few days later.

Please refer to the admission history and physical for more information regarding the patient's acute hospital stay. She was transferred to [REDACTED] Hospital for rehabilitation.

HOSPITAL COURSE: After admission, the patient was evaluated by Nursing, Dietary, Neuropsychology, Social Work, Physical, Occupational, Speech-Language Therapies.

Her admission neurological examination was significant for a IIIrd left nerve palsy, as well as decreased strength in the left upper extremity and to a lesser degree in the left lower extremity. The patient had some mild confusion.

At her initial case conference, the patient was felt to be able to ambulate functional distances without supervision or assistive device. She did require some supervision with her ADL's, but was felt to have no significant deficits in her cognitive skills. She was also found to have decreased strength in the left upper extremity.

The patient improved significantly during her stay here. Her glucose was somewhat difficult to control, probably secondary to the fact that the patient was admitted on Prednisone and tapered over the following days. The Prednisone was started by ENT because of the numerous ENT procedures. This medication was tapered and then discontinued at the time of discharge from [REDACTED]. Her respiratory status improved significantly, since initially the patient required oxygen. By the time of discharge, she was able to be plugged 24 hours a day. She required a collar at all times during her stay here.

By the time of discharge, the patient was independent with ADL's

DISCHARGE SUMMARY

Page 3

NAME: [REDACTED]
DATE: [REDACTED] /96
MEDICAL RECORD#: [REDACTED]
HOSPITAL LOCATION: [REDACTED]

and with mobility. She required trach care, which is going to be continued by her husband. She was discharged to her home, to be followed by her personal physician, as well as an endocrinologist, and the Shock Trauma team. The patient has managed her own diabetes for quite some time, and therefore, she was given strict instructions about being careful about glucose levels due to the Prednisone discontinuation.

DISCHARGE DIAGNOSES:

1. Closed traumatic brain injury with a small left subdural hematoma, which did not require surgical intervention.
2. Type II C-2 odontoid fracture, which required placement of a transarticular screw and wires with iliac crest bone grafting.
3. Status post tracheostomy.
4. Status post emergent cricothyroidotomies.
5. Status post placement of a P-tube stent into her trachea.
6. Diabetes mellitus, Type I.
7. Hypothyroidism.
8. Status post left pneumothorax.

Dictated By: [REDACTED]

M.D.

D: [REDACTED] /96: DD.
T: [REDACTED] /96: NM

[REDACTED]

HISTORY & PHYSICAL EXAMINATION

PATIENT NAME: [REDACTED]

DATE: [REDACTED]/96

MEDICAL RECORD#: [REDACTED]

HOSPITAL LOCATION: [REDACTED]

CHIEF COMPLAINT AND HISTORY OF PRESENT ILLNESS:

The patient is a 29-year-old white female who was admitted to Shock Trauma on [REDACTED]/96 after a motor vehicle accident. The patient was the driver of the motor vehicle that struck a pole, with deployment of the air bag.

On admission to Shock Trauma, she had a Glasgow Coma Scale of 7. She was described as agitated and uncooperative.

A C-spine x-ray showed a Type II odontoid fracture. A CT of the brain showed a small left subdural hematoma. Abdominal CT was negative, and thoracolumbar spine films were also within normal limits. Pelvis also was within normal limits.

She apparently had increasing intracranial pressure which was managed with hyperventilation and osmotic therapy. On [REDACTED]/96, the patient was taken to the operating room where she underwent posterior transarticular screws and wiring for a C-1/C-2 fusion.

On [REDACTED]/96, the patient was extubated, but approximately 15 minutes after the procedure, she developed progressive upper respiratory obstruction. She could not be reintubated and emergency cricothyroidotomy was performed, which was converted to a fenestrated tracheostomy tube on [REDACTED]/96. On [REDACTED]/96, the patient developed bleeding around her cricothyroidotomy site, and this was felt to be related to development of granulation tissue. She was taken to the operating room for conversion of the cricothyroidotomy to a formal tracheostomy. At the time of the operation, the patient was noted to have tracheitis and chondritis and on [REDACTED]/96, the patient underwent revision of her tracheostomy and placement of a T-Tube stent into her trachea. On [REDACTED]/96, the tracheostomy was converted to a metal tracheostomy.

Her hospital course was complicated by poor control of her diabetes mellitus, which required continuous insulin infusion. She was later converted to NPH and regular insulin.

The patient apparently also suffered a left pneumothorax for which she required chest tube placement.

She was also noted to have a IIIrd nerve palsy at the time of admission which has improved.

HISTORY & PHYSICAL EXAMINATION

Page 2

PATIENT NAME: [REDACTED]

DATE: [REDACTED]/96

MEDICAL RECORD#: [REDACTED]

HOSPITAL LOCATION: [REDACTED]

She was transferred to [REDACTED] Hospital for rehabilitation.

PAST MEDICAL HISTORY:

The patient has had diabetes mellitus type I since childhood and has been treated with NPH insulin. She also has a history of hypothyroidism, treated with Synthroid.

PAST SURGICAL HISTORY:

She has a bilateral tubal ligation and laser surgery in both eyes for diabetic retinopathy.

SOCIAL HISTORY:

The patient is a nurse, is married, has a 4 year old child, and currently lives with her husband. She denies the use of alcohol, tobacco, but it is unclear as to the history of the use of drugs.

REVIEW OF SYSTEMS:

Noncontributory.

PHYSICAL EXAMINATION

GENERAL:

The patient is alert, cooperative, following 2 and 3 step commands without difficulty, verbal but unable to verbalize well because of the tracheostomy, and appears to be her stated age.

VITAL SIGNS:

HEENT:

Head is normocephalic, with no masses, no bruits, no deformities, but a few lacerations. Eyes exam shows a left IIIrd nerve palsy with ptosis, external deviation and pupillary dilation. There is no discharge from either eye. Both nasal fossa are permeable. There is no discharge from the ears. Throat mucosa seems to be normal colored and dentition is good.

NECK:

The patient has a [REDACTED]-J collar in place. She has a tracheostomy in place, and is currently on oxygen.

LUNGS:

Clear to auscultation and percussion.

HISTORY & PHYSICAL EXAMINATION

Page 3

PATIENT NAME: [REDACTED]

DATE: [REDACTED]/96

MEDICAL RECORD#: [REDACTED]

HOSPITAL LOCATION: [REDACTED]

HEART:

S1 and S2 with no abnormalities.

ABDOMEN:

Soft, nontender, with no liver or spleen palpable.

BREAST:

Not performed since the patient states getting regular OB/GYN examinations.

LYMPH NODES AND SKIN:

There is no lymphadenopathy in the head, axillary, or inguinal areas. Neck could not be examined due to the collar.

EXTREMITIES:

No deformities noted.

NEUROLOGICAL:

CRANIAL NERVES: The right pupil is reactive to light and accommodation; the left pupil is dilated and fixed and nonreactive. The visual fundi appear to show signs of scarring compatible with laser surgery, more prominent in the left side. The visual fields appear to be full to confrontation. Extraocular movements were normal on the right side, but the left showed a weakness of the medial rectus in the left side with lateral deviation of the eye. Facial sensation appears to be normal to touch and to pin prick. There is no apparent facial weakness, with no droop. Hearing appears to be intact bilaterally. Swallowing appears to be normal, since the patient is on a regular diet. Gag is present and phonation is difficult due to the tracheostomy. MOTOR: Reveals 5/5 strength in the right upper and lower extremities; but there is mild weakness, probably 4/5 with an upper motor neuron distribution predominance in the left upper extremity and less noticeable in the left lower extremity. Reflexes are 2+ in the right upper, right lower, and left lower extremity, but 1+ in the left upper extremity. Sensation to touch and pin prick appears to be normal in all extremities. Tone appears to be decreased in the left upper and left lower extremity, as compared to the right. Finger to nose, heel to shin, and rapid alternating movements are normal in the right and left sides.

HISTORY & PHYSICAL EXAMINATION

Page 4

PATIENT NAME: [REDACTED]

DATE: [REDACTED]/96

MEDICAL RECORD#: [REDACTED]

HOSPITAL LOCATION: [REDACTED]

In summary, we have a 29-year-old female who suffered a severe traumatic brain injury which resulted in a Type II odontoid fracture, left subdural hematoma, and secondary complications to a tracheostomy, which has made a good recovery and the patient is here now for rehabilitation.

ADMITTING DIAGNOSIS:

1. Closed traumatic brain injury with a small left subdural hematoma, which did not require surgical intervention.
2. Type C-2 Type II odontoid fracture, which required placement of transarticular screws and wires with iliac crest bone graft.
3. Status post tracheostomy.
4. Status post emergent cricothyroidotomy.
5. Status post placement of a T-Tube stent into her trachea.
6. Diabetes mellitus, Type I.
7. Hypothyroidism.
8. Status post left pneumothorax.

PLAN:

To perform full rehabilitation assessment and treat accordingly.

PROBLEMS:

1. Cognitive problems.
2. Problems with ADL's.
3. Mobility.
4. Respiratory problems.

Dictated By: [REDACTED]

[REDACTED], M.D.

D: [REDACTED]/96: DD.

T: [REDACTED]/96: NM

X-RAY REPORT

CHEST: AP and lateral chest. The lung fields are clear and free of infiltrates and pulmonary vascular congestion. The heart size and pulmonary vessels are within normal limits. The bony thorax is essentially unremarkable. Mild degenerative changes are present in the mid-thoracic spine. Tracheostomy tube is in place in satisfactory position.

CONCLUSION: No active disease.

Dictated By: _____

_____, M.D.

D: _____/96: ESS.

T: _____/96: CK

CC: I.C.

PATIENT NAME: _____
MEDICAL RECORD#: _____

DATE: _____/96
HOSPITAL LOCATION: _____